Clinical Lecture

ON

DISEASED ANKLE, TALIPES, DISEASED METATARSO-PHALANGEAL JOINT, &c.

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(Shorthand Report, revised by the Author.)

THE case on which I wish to speak to you to-day is that of a man in Darker ward, and on whom I am going to operate this afternoon. Very briefly, the man is going to have his foot cut off because of the consequences of corns and bunions, and it may well attract your attention that a disease considered so trivial should have necessitated an operation so serious. Here is the case, which has been reported by Mr. Sloman:—

"Joseph H——, aged thirty-eight, was admitted into the hospital on November 20th, 1868, with the following history. Twenty-nine years ago, when nine years of age, he had a heavy blow upon the right ankle, to which he attributes a contraction of the tendo Achillis, which, however, he did not notice till ten years afterwards."

Take that part of the case first. A man has a blow upon his foot, which is followed by symptoms of inflammation about his right ankle, and that is followed by contraction of the tendo Achillis, which was noticed at the time, but of which he did not observe any special consequences till ten years afterwards. There is a point therein which you should study carefully, the tendency, namely, for diseases of the ankle-joint—and the same may be said, in a somewhat less degree, of diseases of the whole tarsus—to be followed by contraction of the tendo Achillis, and other structures behind the joint. You know the general rules regarding the posture in which the several joints, when diseased, should be maintained. For instance, if a man have diseased knee-joint, it should be kept straight, in order that if he acquire a stiff joint, he may have the limb in the best position for support. So with the hip-joint. If the elbow is diseased, it should be bent with the arm at right angles to the forearm, which is, on the whole, the most useful posture in which the arm can be placed. But a rule of this kind is much less clearly laid down in relation to the ankle-joint, and yet it is not less necessary to be observed. If a patient have diseased ankle-joint, and you at all anticipate that the limb will have to be kept in one posture for many months, or even for many weeks, in succession, take care that the foot is kept at a right angle to the leg, or even at a little within the right angle, for that is the position of most utility when the ankle-joint is stiffened, or partially stiffened, so as to admit of but little movement. You will observe that the rectangular position is not one which the foot would of itself assume. If you look at patients with diseased ankles, the foot always hangs with the toe pointed, hanging down as the patient walks; and as he lies in bed upon his side, you see the same thing constantly. There is a lad now in the hospital with disease of both hip-joints, but no disease of the ankles, and yet simply by their own weight, the feet are both pointed downwards, and stiffish. When a man lies upon his back, the bedclothes rest on the top of his toes, and they direct his foot downwards. So in the large majority of the cases of diseased ankle or tarsus, in which you take no special pains to obtain this rectangular position of the foot, the patient gets up from his disease with his toes pointed, with contraction of his tendo Achillis, and other structures behind the joint. Bear constantly in mind, then, that if you are not careful in your management of diseased ankle or tarsus, contraction of the tendo Achillis will ensue, and have to be treated after the original disease is cured. It is to avoid this that all our splints made for diseased ankle-joint are especially directed to be applied with the foot in the rectangular position.

See next what follows when this rule is not observed. The consequences were not noticed till ten years afterwards; but, "since the latter date (nineteen years ago), he has had marked contraction of the tendo Achillis, but it occasioned him no special inconvenience till five years ago, when he had a soft corn on the sole of his foot. This he cut and made bleed, and the wounded part, being walked upon, formed an ulcer, and has never healed since." Thus the man gets up from his diseased ankle-joint with contraction of his tendo Achillis. From that time onwards, therefore, instead of walking, as a man should, with his foot supported on the ball of his great toe, the ball of his heel, and the ball of his little toe, his heel does not touch the ground, and the weight of the body rests on the ball of the great toe and the ball of the little toe. Then there comes what always ensues in these cases—what ensues in every case in which the weight of the body is not properly borne upon the three chief supports in the foot,—corns and bunions upon the places where the chief pressure does fall. If you look at any distorted foot—at this talipes varus and this talipes valgus,—you will see that the points of the foot on which the weight of the body falls are always covered with corns, and usually under them are bunions, ganglia or sacs containing fluid; and for a time serving a good end in distributing the pressure over a larger portion of the foot than else would have to bear it.

Thus the man gets corns and bunions over the ball of the great toe, the ball of the little toe, and between them, and then he cuts the corns, and there comes an ulcer, and the ulcer never heals. For five years, up to the time of his admission into an hospital, the ulcer had remained. "He was admitted into another hospital, and about the middle of August his tendo Achillis was divided, and a splint put on, which, however, was taken off after a week, on account, he says, of being too tight. Afterwards the ulcer was treated with poultice, wet lint, and caustic. About the middle of October he left that hospital with the ulcer nearly healed." But it could not long remain so under the distress of continued walking upon it; and he stays no long time before he is admitted into this hospital in November. On admission, one saw at once the character of the ulcer and the condition of the foot—rectangular talipes, from contraction of the tendo Achillis. Then I followed the same treatment which had been adopted in the other hospital. "On Nov. 10th, the tendo Achillis was again divided, and Scarpa's shoe put on, with an arrangement for shielding the ulcer from pressure and friction. The ulcer healed, but still the fore part of the foot remained very painful, and he was unable to bear the pressure of the instrument sufficiently for the extension of the tendo Achillis."

Now, also, another feature of his case became more prominent. "Under the ball of his great toe, at the inferior aspect of its metatarso-phalangeal joint, a large bursa, the open cavity of which had formed part of the ulcer, became more than before acutely inflamed. Its inflammation appeared to extend to the joint. All the textures about the joint swelled, and became extremely painful, and suppuration ensued, and extended along the sole of the foot."

The bunion, then, beneath the great toe had, as not unfrequently happens, formed a communication with the joint of the great toe. In that respect this constitutes one of a class of cases which you will have to study very carefully—those in which bunions open into joints. They are sources of great discomfort, and sometimes of the necessity of amputation of one or more toes. Most often this occurs in the bunion at the junction of the metatarsal bone and first phalanx of the great toe. Whether by congenital defect or possibly only by the shape of the boot, you will find a large number of people in whom, at this articulation, the great toe bends outwards, and over the joint there is commonly a corn, and beneath the corn a bunion—a bursa containing fluid right over the joint. That, subject as it is to continued pressure and friction, is very apt to inflame and suppurate, and sometimes its suppuration extends deeper, and it opens into the cavity of the great-toe joint. When this happens in a very old person it is productive of far less trouble than you might imagine. It rarely produces any diffuse suppurative inflammation about the joint, and with rest and care the joint can be patched up so that the patient can get about. But in a younger person it often produces most

acute inflammation through the whole articulation, and that inflammation becomes diffused through all the textures round about. It did so in this man. When the state of affairs became manifest, he himself begged for the amputation of his foot, and I was not long in consenting, for it seemed certain that though the foot might have been preserved for him, and though it might have served for a man of ease and leisure, it would never do for a man who had to work for his living. One must have left a deep scar at the bottom of his foot on which he could not have borne pressure in standing or walking; and one could not change the position of his foot, for he could not bear the pressure of an instrument while the metatarsus had suppuration over it. Therefore, on these grounds, we have decided on the amputation of his foot. I shall amputate it according to the method called after Mr. Syme—that is to say, removing it at the ankle-joint, and including the os calcis. You may ask why I am going to perform an operation at so great a distance from the seat of disease, which does not extend very far above the metatarso-phalangeal joint of his toe. It is a principle in all operations upon the foot, that you should take care that the scar is not afterwards exposed to the pressure and friction to which it is liable when the foot is used in walking. Now, this man has a contraction of his tendo Achillis—a contraction, it seems, not curable by any means that one can apply to the front of the foot. He would be left, after an amputation anywhere in the front of his foot, with a scar—or, at least, with the stump of the foot—directed, not straightforwards, but obliquely downwards. The stump, if for instance Chopart's operation was done, would be directed obliquely towards the ground, as the foot is now. The man would be put into a condition no better than he has been in hitherto. If he were able to walk on the stump at all, corns and bursæ would form, and, after a little time longer, ulcers, and in all probability ulceration of the scar, quite unmanageable and unfit for healing. So that I cannot doubt—and in this opinion I have the concurrence of all my colleagues—that the best plan will be to remove the whole of the man's foot at the ankle-joint, including the os calcis, and then to get for him a round stump, on which, as he walks, he will come plump down, and that upon a piece of integument naturally fitted for bearing the support of his body and the friction of the ground.

The case, then, may serve to illustrate to you these two or three points of great importance. First, in regard to the position the foot must be put in, in the treatment of all cases of diseased ankle-joint, diseased tarsus, diseased bones of the foot—namely, with the foot at right angles to the axis of the leg. Then the series of events that occurred: corns and bunions not carefully treated; the liability of the bunions to suppurate, and to open into the cavity of an adjacent joint; then the symptoms indicating the necessity of amputation; and then, lastly, the rule that in amputations you must look most carefully that the surface of the foot which you leave is one that will fairly and thoroughly bear pressure and friction.

ON THE TREATMENT OF ASTHMA BY BELLADONNA.

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I DO not know any sedative that has more "improved its position" of late years than belladonna. It is certainly given much more extensively, and is much better thought of, than it was twenty years ago. And I think the one is the result of the other: it is better thought of *because* it is more extensively given. There are cycles of therapeutics as well as cycles of disease; and many valuable remedies pass into a temporary desuetude by a common neglect, and then, from some accident, emerge into repute and usefulness. And this is not only true with regard to the medical world in general; it is equally so with regard to the practice of individuals. We are all of us apt to get into a groove in prescribing; and not only get into the habit of employing certain remedies, but get *out* of the habit of employing others. I must confess to this fault myself, and feel at a loss to explain on other grounds how it was I went on so long without giving belladonna a fair and thorough trial in asthma. For the last two years, however, I have used it extensively, and am so satisfied with the results that I think it worth while to publish a few of my cases, in illustration of its value and of my method of employing it.

If I were to express what appears to me to be the peculiar excellence of belladonna as a sedative in asthma, I should say it consisted in its power of diminishing reflex irritability—a power which it appears to me to possess in a degree greater, in proportion to its other sedative effects, than any other sedative.

My method of giving it will be best seen in the following cases. I do not know that the tincture has any advantage over other preparations, only it happens to be that which I have tried. I should think that the liquor atropiæ might, from its uniformity of strength, be even preferable.

CASE 1.—R. G——, a lady aged twenty-five, who has been liable to hay fever for eleven years and to asthma for seven, came to me on May 18th, 1868, for the cure of her hay asthma. She had been suffering for nearly a month, and had not had a single night's rest. She was not troubled with her asthma by day, but only with her hay-fever symptoms. As soon, however, as she went to bed on came her asthma, and lasted regularly all night. She was worn out for want of rest, and felt fagged and miserable. I ordered her ten minims of the tincture of belladonna three times a day, telling her to increase the quantity, day by day, till the characteristic effects of the drug were produced. She gradually raised the dose from the ten minims to twenty. She felt better the first night after taking it. She took it for nine days, and had no asthma whatever. She then, thinking herself cured, and feeling her head very uncomfortable, omitted it for one day, and the following night got no sleep from asthma. She then resumed it, and has had no asthma since. She now regularly takes twenty drops three times a day. Her head is slightly affected, and her eyes decidedly so—misty, and she cannot read; but there is not a trace of asthma. She has never found anything else prevent the attacks. The belladonna seems to have no influence whatever over the other hay-fever symptoms; the sneezing, running at the eyes, &c., go on as before.

CASE 2.—Sarah P——, aged forty-six, has had asthma ever since she was nineteen years of age—that is, for twenty-seven years. For the last five months she has been worse than ever, and for some time past has had asthma regularly every night. It begins between two and three o'clock, and after that she gets no rest. I ordered her to take the tincture of belladonna every night on going to bed—to begin at ten minims, and gradually to increase the dose till her head and sight became affected. She came to me on the 29th of last July. On the 14th of August I find the following entry in my note-book:—"This patient came to me a fortnight ago yesterday. She has almost completely lost her symptoms ever since, having had uninterrupted good nights. She has gradually reached thirty drops of the tincture of belladonna, and now takes it every night. She looks wonderfully better, and is able to take long walks." From that time I have not heard anything of her.

CASE 3.—Col. R——, aged forty, has had asthma for sixteen years. For the last few years it has been gradually getting worse, and now he has it almost every night, commencing at from one to two o'clock A.M. He has tried various things without any success—Indian hemp, chlorodyne, ether, the inhalation of chloroform, dry cupping, coffee, iodide of potassium, abstinence, &c. I saw him on Sept. 16th, and ordered him to try the belladonna at night in the usual way. On the 23rd I find the following note:—"He has gradually got the belladonna up to forty minims without any appreciable inconvenience. The nights have been very good. The two last mornings there has been no oppression whatever, nor any sitting up in bed; he has slept right through the night. He walked this morning, directly after breakfast, from his house at Blackheath to the station—a mile—in sixteen minutes, and the same pace up from Charing-cross station here." I have not seen him since.

CASE 4.—Wm. P——, aged thirty-eight, has been asthmatic seventeen years. His attacks come on every morning on rising from bed, but often trouble him throughout the day as well. There is defective respiration at the right base, violent paroxysmal cough, and a good deal of expectoration. This patient came to me on Oct. 13th. A week after I made the following note:—"Since coming to me this patient has taken the belladonna every night—twenty, twenty-five, and then thirty drops, to which last dose he has stuck. The result is that he is quite a different man. He has slept all through the night, dressed himself without any trouble or difficulty, and has walked half over London as quickly and well as ever in his life. When he arrived in town his breath was so bad that he had the greatest difficulty in getting from the Vauxhall station to the church near the bridge. He spits hardly anything. There is now a complete absence of all musical wheezing, and of any adventitious sound whatever: respiratory murmur quite re-established at right base, and indeed perfectly natural everywhere. And this change has taken place in one week."

For the following case, in which liquor atropiæ was used, I am indebted to my friend Mr. Hodson, of Bishop's Stortford.

CASE 5.—"John L——, aged fifty-five, by occupation a gardener, of active and temperate habits, suffered, from the summer of 1864, from frequent attacks of shortness of breath, followed by expectoration. When he first came under my observation (Sept. 2nd) he presented the appearance of a confirmed asthmatic. The respiratory sounds, whenever I saw him, were always more or less characteristic of asthma. At night he generally became worse, so much so that he often found the greatest difficulty in getting up one flight of stairs to his bedroom. I gave him at first iodide of potassium (five-grain doses), then combined it with decoction of senega, afterwards with squills and compound tincture of camphor. He also took lobelia, &c., and burned nitre-paper. With the exception of the last, which always afforded some relief, the frequency and severity of the attacks were uninfluenced by the treatment; indeed he became so bad that his life was a burden to him. I was watching his distress one day, and deploring the inefficiency of treatment, and thinking how the constricted state of his bronchial tubes might be overcome, when the idea of trying a drug that so quickly dilated the pupil occurred to me, and I at once determined to bring him fully under the influence of atropia. He began, Oct. 26th, to take one-sixtieth of a grain in solution every six hours. A few doses produced marked relief, but I pushed the atropia until he took at each dose one-fortieth of a grain. He then became fully under its influence, with greatly impaired vision, entire absence of saliva, and most troublesome strangury. From this time the breathing improved, but he found it necessary to take the medicine two or three times a day up to the middle of the following February. In the spring I sent him for a few weeks for change of air, and upon his return he resumed his full work as a gentleman's gardener, which he has continued without interruption up to the present time (Dec. 1868). When he went away I gave him a supply of his atropia, in case an attack should come on, but he told me yesterday that he has never opened the bottle. During the last three years I have found atropia, in all cases of genuine asthma, quite as useful as in L——'s case, but I have never pushed it with anyone else as I did with him."

I believe one reason why belladonna has not had a greater reputation as a remedy for asthma is that it has not been given in large enough doses. I think that, like lobelia, it must be given in doses sufficiently large to produce its physiological effects, otherwise we have no right to say that it has been fairly tried, or to conclude that it has been a failure if it has not achieved a cure. I think to give ten minims three times a day in some mixture is simply worthless. I have seen now numberless cases in which both belladonna and lobelia have been consigned to the limbo of failures, when a fresh trial of them, on the plan of gradually increasing the doses till an ultimatum has been reached, has proved them to be perfectly successful remedies. Sometimes, but very rarely, belladonna will relieve asthma when given short of a physiological dose; sometimes, but still rarely, it fails to give any relief even when pushed to its full physiological effects; the common thing is for it to fail till so pushed, and then to succeed. When I find belladonna has only been taken in the ordinary small doses, without any increment, I always regard it as not having been tried at all.

The advantages of administering it in the way I have described are:—

1. That, giving it at night, you bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and thus, if you are successful, tide your patient over the critical time.

2. By gradually feeling your way up to the required dose, you are able ultimately to reach without fear a dose which you would be unwilling to prescribe without such a tentative approach.

3. In those cases in which the therapeutical dose is reached before the physiological—that is, in which the asthma yields before the sight or head is appreciably affected,—it enables you to stop short as soon as relief is obtained, and thus spare your patient any of the disagreeable effects of the drug.

4. By giving it only once in the twenty-four hours, you are able to give a larger dose than you would be able to do if oftener repeated.

5. By confining the dose to bedtime, the patient's days are, in spite of a large dose, passed in comfort; for, as the morning advances, the dulness of head, confusion of sight, and drought of mouth pass away.

6. You are thus enabled to find out what is the dose for the individual—a very important point. People differ very much in their tolerance of belladonna. Some of my patients have been unable to take more than twenty minims once in the twenty-four hours without very unpleasant symptoms; while I have known others able to take a drachm three times in the same interval without any inconvenience. And as they differ in their tolerance of the drug, so do they differ in the dose at which their asthma will yield. The only way to ascertain what that dose is, is to make each case a separate experiment, and this can only be done in the way I describe.

7. By giving the remedy three or four hours before the attack is likely to come on, the treatment becomes *prophylactic*. If by taking a dose every night for thirty nights the attacks have been for that time prevented, the patient has ceased to be an asthmatic for a month. This is a very different thing from having had thirty attacks in the same time which have been cut short by the remedy. In all "habitual" diseases, in which the recurrence keeps up the tendency, prophylactic treatment has, in relation to final cure, a pre-eminence it does not possess in diseases in which habit has no place. For such diseases it is *the* treatment. It does more than spare your patient an attack of his malady; it breaks, *pro tanto*, that chain of sequences which is the very life of the morbid tendency.

TABLES ILLUSTRATING THE EFFECTS OF REMEDIES UPON UNCOMPLICATED ACUTE RHEUMATISM.

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(*Continued from p.* 118.)

THE following tables are in continuation of those published last week, giving the progress of acute rheumatism as modified by different methods of treatment. It may be well to repeat that those cases only are included which presented on admission no evidence of heart complication.

The first of the tables already published represented the treatment of eight cases by venesection.

The second table exhibited six cases under mercurial treatment.

The third table consisted of thirteen cases treated by specific and other remedies not alkaline.

The fourth table presented seven cases under the simple saline treatment.

The heart was affected in four of the first group of cases; in two instances in the second group; in five cases in the third group; and in two cases in the fourth group.

TABLE V. — SALINE TREATMENT, WITH NITRE.

Twenty-eight Cases. Heart affected in six. Average time in hospital thirty-two days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
E. L.	16	2	Ankles and wrists much swollen; skin very hot; tongue furred.	Nitre, 10 gr.; carbonate of potash, 10 gr.: every six hours. Afterwards, every four hours.	Unaffected.	Pain in pectoral muscles; urine alkaline; good progress.	15
M. M.	30	7	Knees, feet, hands, and muscles of chest affected; much heat and sweating; diarrhœa.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours.	Unaffected.	Pain very persistent in knee.	28
W. F.	42	14	Back, chest, and neck, beside all the joints, affected; much characteristic sweat.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours. Morphia draught every night.	Unaffected.	Delirious at night; tongue very dry; slow recovery.	41
G. M.	20	5	Elbows, shoulders, and knees affected; much sweating.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours.	Unaffected.	Steady progress.	20
J. W.	14	3	Knees, hands, and other parts very red and painful; profuse sweating.	Calomel, 3 gr.; opium, 1 gr.: on night of admission. Tartrate of potash draught; nitrate of potash, 10 gr.: every four hours. After friction, leeches to præcordium; calomel and opium at intervals.	Three days after admission intense friction-sound; systolic murmur heard when friction had ceased.	Pleurisy subsequent upon heart affection.	29
J. P.	16	4	Second attack. Swelling and redness of thighs, knees, and feet; sweating.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours.	Unaffected.	Gradual.	29
J. B.	39	30	Past the worst when admitted. All the limbs affected.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours. Morphia draught every night.	Unaffected.	Pain in chest; recovery slow; not irregular.	35
T. F.	32	11	Second attack. Almost all the joints affected.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours. Morphia draught every night.	Unaffected.	Steady.	20
I. W.	17	7	Knees ankles, and feet affected; profuse sweating.	Tartrate of potash draught; nitrate of potash, 5 gr.: three times a day.	Unaffected.	Regular.	14
A. S.	20	7	Knees, ankles, hands, and shoulders affected.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours.	Unaffected.	Steady.	21
S. S.	21	7	Third attack. Acute pain, tenderness, and swelling in many joints; much sweating; brown tongue.	Effervescing citrate of potash draught; nitrate of potash, 10 gr.: every six hours. Morphia draught at night. Guaiacum mixture after a fortnight.	Unaffected.	Much sweating; pains shifted several times.	48
S. A.	35	?	Commenced gradually after subacute. Second attack. Arm and hand chiefly affected.	Nitre, 10 gr.; bicarbonate of potash, 1 scr.: every six hours. After murmur heard, calomel and opium at intervals, &c. Bleeding.	Slight murmur on second day, followed by signs of pericardial effusion; valvular murmur afterwards.	Much heat of skin; pain affected many places successively.	59
. D.	22	12	Many large joints, beside those of fingers, red and painful.	Nitre, 10 gr.; solution of acetate of ammonia, ½ oz.; bicarbonate of potash, 1 scr.: every four hours. On third day, calomel and opium at intervals, &c.	Friction-sound heard day after admission; continued after other symptoms had ceased.	Pain ceased in a week.	25
J. Y.	25	6	Almost all the joints red and swollen; sour perspiration.	Tartrate of potash draught; nitrate of potash, 10 gr.: every six hours. Next day every four hours. Morph. draught at night.	Unaffected.	Hands and shoulders much affected.	24
J. S.	28	7	Pain, redness, and swelling of feet and ankles; bowels constipated.	Nitre, 10 gr.; bicarb. of potash, 1 scr.: every four hours. After acute symptoms had subsided, iod. of potass., guaiacum, &c.	Unaffected.	Right eye became inflamed; slow progress latterly.	33
E. T.	53	7	Hands stiff and swollen; sweating; pulse hard.	Nitre, 10 gr.; bicarb. of potash, 1 scr.: every four hours. After friction was heard, calomel and opium to salivation.	Friction-sound at apex on the second day.	Very restless and feverish.	40
C. S.	23	5	Knees and ankles inflamed; skin dry and hot.	Tart. of pot. draught; nitr. of pot., 10 gr.: every six hours. Morph. and cal. on night of admission, and next night. After acute symptoms had subsided, guaiacum, iodide of potassium, &c.	Unaffected.	Joint affection extremely obstinate.	55
S. M.	34	2	3rd attack. Symptoms very well marked; chest, shoulders, and legs affected.	Effervescing citr. of pot. draught; nitr. of pot., 10 gr.: every six hours. Morp. with cal. on night of admission, and once afterwards.	Unaffected.	Much sweating; regular progress.	25
M. H.	22	3	Severe in both knees, and generally in joints; sweating.	Nitre, 7 gr.; solution of acetate of ammonia, ½ oz.; bicarbonate of potash, 1 scr.: every six hours.	Unaffected.	Obstinate in head, and pain in chest.	22
J. R.	19	14	Great pain in back and down legs; crying out with slightest touch; skin hot.	Nitre, 8 gr.; solution of acet. of amm., ½ oz.; bicarb. of pot., 1 scr.: every six hours. Chinchona draught during convalescence.	Unaffected.	Free from pain in a fortnight; sore-throat.	28
W. C.	16	2	Ankles and knees swollen, red, and painful; nausea; much febrile disturbance.	Tartr. of pot. draught; nitr. of pot., 10 gr.; antimony wine, ½ dr.: every four hours. Chinchona draught during convalescence.	Unaffected.	Slight bronchitis; one relapse.	36
E. I.	16	14	Much shifting pain in joints; considerable febrile disturbance.	Nitre, 3 gr.; solution of acet. of amm., 1 dr.; sp. of nitr. eth., 1 dr.; bicarb. of pot., 12 gr.: every six hours. When heart was affected, calomel and opium at intervals, &c.	Præcordial pain on third day, followed by endocardial murmur.	Pain shifted about; very persistent in knee.	42
J. P.	42	3	Legs, thighs, and back mainly affected; much perspiration of rheumatic odour.	Nitre, 10 gr.; bicarbonate of potash, 1 scr.; spirits of nitric ether, 1 dr.: three times a day. Finally, quinine.	Unaffected.	Interrupted by an attack of ague.	35
T. G.	33	35	Second attack. Swelling and redness of joints; rheumatic sweat.	Nitre, 10 gr.; bicarbonate of potash, 10 gr.: three times a day. Morphia injected into arm at night.	Unaffected.	Good progress.	14
E. S.	10	3	Knees and ankles affected; much heat, redness, and sweating.	Tartr. of pot. draught; nitr. of pot., 10 gr.: every six hours. Morph. at night. On fourth day, trimethylamine, 6 min.: thrice a day.	Systolic murmur at base on second day, which increased in harshness.	Much heat and sweating.	42
S. S.	24	7	Hips and ankles chiefly affected; general symptoms well marked.	Nitre, 8 gr.; sol. of acet. of amm., ½ dr.; bicarb. of pot., 1 scr.: every six hours. On fourth day, 10 min. of colchicum wine added, which was afterwards increased.	Unaffected.	Extended to hands, fingers, &c.; much fever.	21
E. G.	?	7	Wrists, arms, and other parts affected; sweating; sudamina.	Effervescing citr. of pot. draught; nitr. of pot., 10 gr.; every four hours. Morph. at night. After a week, iod. of pot. added.	Unaffected.	One complete relapse.	38
J. S.	37	7	Feet and ankles severely affected; much sweating.	Tartr. of pot. draught; nitr. of pot., 10 gr.: every six hours. After three days, 1 dr. of tinct. of guaiacum and ammonia added.	Unaffected.	Pain made one or two migrations.	38

TABLE VI. — SALINE TREATMENT WITH NITRE AND MERCURY.

J. S.	37	7	Feet and ankles severely affected; much sweating.	Tartr. of pot. draught; nitr. of pot., 10 gr.; three days, 1 dr. of tinct. of guaiacum and ammonia added.			

TABLE VI. — SALINE TREATMENT WITH NITRE AND MERCURY.

Seven cases. Heart affected in one. Average time in hospital thirty-six days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
M. N.	30	21	Almost all the large joints. Face flushed and anxious—sweating. Bronchial râles.	Calomel, 2 gr.; opium, ½ gr.; antimony, ½ gr.: every six hours. Nitre, 10 gr.; bicarbonate of potash, 1 scr.: every six hours. Blister to chest.	Unaffected.	Pain in joints soon ceased.	35
E. R.	34	4	Legs, feet, and right arm affected. Face flushed; skin hot.	Calomel, 2 gr.; opium, ½ gr.: every six hours until gums sore. Nitre, 10 gr.; acet. pot., ½ dr.; morphia sol., 10 min.: every six hours.	Unaffected.	Giddiness, spectral illusions. Tongue foul. A relapse as about to go out.	49
M. P.	26	4	Hands, shoulders, legs and feet affected. Tongue yellow; skin hot; acid sweat.	Nitre, 7 gr.; solution of acetate of ammonia, ½ oz.; bicarbonate of potash, 1 scr.: every four hours. Seventh day: blue-pill, 3 gr.; opium, 2 gr.: every night. Finally, guaiacum and iod. potass.	Unaffected.	Urine alkaline after a fortnight. Pain obstinate after acute symptoms had ceased.	56
G. H.	21	6	In all parts of the body.	Nitre, 8 gr.; sol. acet. am., ½ oz.; bic. pot., 1 scr.; colch. wine, 10 m.: every 6 hrs. After relapse: cal. 2 gr.; op. 1 gr.; tart. emet. ½ gr.	Unaffected.	A relapse on thirteenth day.	41
C. S.	15	4	In all the joints, with much febrile disturbance. Breath short.	Calomel, 3 gr.; opium, ½ gr.: twice a day. Nitre, 10 gr.; bicarb. pot., 1 scr.: every four hours. After friction, brandy, ammonia, &c.	Friction on third day. Post-mortem evidence of recent pericarditis.	Restlessness; vomiting; cold sweat. Died on fourth day.	—
H. B.	21	7	Third attack. In knees and hands, well marked. Congenital transposition of viscera (?)	Nitre, 10 gr.; bicarb. pot., 1 scruple: every six hours. Calomel, 2 gr.; opium, 1 gr.; tartar emetic, ½ gr.: at night, for three nights.	Unaffected.	Good.	16
C. P.	28	4	Second attack. Severe in foot and knees. Much sweating. A drunkard.	Nitre, 10 gr.; carb. pot., 15 gr.: every 6 hrs. Gin, 3 oz. daily. When peritonitis ensued, cal. 3 gr.; op. 1 gr.: every 6 hrs. till gums sore.	Unaffected.	Much sweating. Pain and tenderness in belly, attributed to peritonitis.	20

TABLE VII.—SALINE TREATMENT, WITH MERCURY.

Eleven cases. Heart affected in three. Average time in hospital forty-three days.

Name.	*Age.*	*Days affected before admission.*	*Characters of attack on admission.*	TREATMENT.	*State of heart throughout.*	*Progress, &c.*	*Number of days in hospital.*
R. F.	17	7	Pain and swelling in arms, hands, and shoulders. Skin hot, pulse quick, &c.	Calomel, 5 gr.; opium, 1 gr.: twice a day for two days. Citrate of potash, 1 scr.; bicarbonate of potash, 10 gr.: every six hours.	Unaffected.	Much sweating. Irregular progress.	35
A. S.	17	8	Chiefly in knees and ankles. Sweating.	Calomel, 3 gr.; opium, 1 gr.; potassio-tartrate of antimony, ½ gr.: every night. Citrate of potash, 1 scr.; to which added on sixth day, bicarbonate of potash, 1 scr. After murmur, leeches, &c.; mercurial increased.	On twelfth day, exocardial murmur heard; præcordial pain previously.	Much pain in hands, wrist, neck, &c. Dyspnœa.	49
T. B.	45	14	Severe in ankles and knees.	Citrate of potash, 1 scr.; calomel, 4 gr.; opium, 1 gr.: twice a day. Afterwards, calomel, 3 gr.; opium, 1 gr.: every six hours. When acute symptoms had ceased, guaiacum, bark, &c.	Unaffected.	Much sweating; diarrhœa. Great prostration. Bed sores.	87
P. D.	17	4	Pain, redness, and swelling in large joints. Characteristic sweat.	Compound ipecacuanha powder, 10 gr., on night of admission. Solution of acetate of ammonia, ½ oz.; bicarb. of potash, 10 gr.: every six hours. Next day, calomel, 4 gr.; opium, 1 gr.: thrice daily. When heart symptoms appeared, leeches, venesection, &c.	On third day, restlessness and præcordial pain. On fifth, soft systolic murmur. On ninth, friction. Finally, aortic & mitral murmurs.	Much sweating. Joint-affection very severe and migratory.	68
E. N.	10	5	In knees, ankles, and hands. Tongue much furred. Pulse rapid.	Citrate of potash, 1 scr.; bicarb. of potash, 1 scr.; colchicum wine, 15 min.: every six hours. Two days later, calomel, 2 gr.; opium, 1 gr.: every night. Afterwards, ammonio-citrate of iron, &c.	Unaffected.	Pain very obstinate. Much sweating and thirst; tongue dry. Vomiting. Delirium.	33
A. G.	23	6	In shoulders, legs, &c. Much characteristic sweat.	Tart. pot., 1 scr.; iod. pot., 2 gr.: every six hours. Blue pill, 3 gr.; ext. acet. colch., every six hours until gums sore. Afterwards, when acute sympt. ceased, sarsap., iod. pot., local appl. to knee.	Increased action. No murmurs.	Constant sweating; vomiting; diarrhœa. Pain obstinate. Severe relapse. Local affn. of knee. Uncured.	90
W. H.	35	30	Second attack. Pain and swelling of knees, wrists, &c. General symptoms well marked.	Calomel, 5 gr.; opium, 1 gr.: every six hours; less often as gums became affected. Citrate of potash, 1 scr.; compound ipecacuanha powder, 4 gr.: every six hours.	Unaffected.	Gradually recovered.	17
L. S.	23	8	Second attack. Had pericarditis in the former seizure, from which she apparently recovered. Redness and swelling in elbows, wrists, and knees.	Calomel, 4 gr.; opium, 1 gr.: till gums became sore. Citrate of potash, 1 scr., compound ipecacuanha powder, 8 gr.: every six hours. After heart became affected, bicarbonate of potash, 10 gr., added to draught.	After three days, pain below sternum and roughness of first sound, followed by well-marked valvular murmur. P.-M. evidence of old pericarditis, recent endocarditis.	Other joints affected. Much dyspnœa. Tongue became brown. Sank on twenty-sixth day.	—
E. J.	18	14	Pain and swelling of knees, with much redness; also of ankles, wrists, and hand.	Citrate of potash, 1 scr.; compound ipecacuanha powder, 5 gr.: every six hours. Calomel, 3 gr.; opium, ½ gr.: twice a day till gums became sore.	Unaffected.	Joints slow in recovering.	29
E. J.	28	7	Knees chiefly affected. Much sweating.	Calomel, 4 gr.; opium, 1 gr.: until gums sore. Citrate of potash, 1 scr.; bicarbonate of potash, 10 gr.: every six hours. In five days, comp. ipecac. powder, 5 gr., substituted for bicarb. pot.	Unaffected.	Urine neutral in five days. Progress unsteady.	26
W. B.	21	30	General symptoms well developed. Shoulders, wrists, and ankles affected.	Calomel, 5 gr.; opium, 1 gr.: twice a day until gums sore. Afterwards, citr. pot., 1 scr.; colch. wine, 15 min.: thrice a day.	Unaffected.	Gradually got well.	15

(To be continued.)

ON

THE SUBCUTANEOUS SECTION OF BOILS AND CARBUNCLES.

BY JOHN GEORGE FRENCH, F.R.C.S.,
SURGEON TO THE INFIRMARY OF ST. JAMES, WESTMINSTER.

I HAVE been much interested in the perusal of the clinical lecture of Mr. Paget on the Natural History of Carbuncle, published in THE LANCET of the 16th instant; and, having been a severe student of this subject, I am able to recognise the truthfulness of the description given of it.

But in the objections raised to the active surgical interference in the treatment—for which, as far as the subcutaneous section is concerned, I deem myself responsible,—Mr. Paget uses the following argument: "Nay, in some cases, carbuncles completely abort."

The whole philosophy of the subcutaneous section is involved in this suggestion; and is contained in the following aphorism:—The complete division of the indurated tissue *always* causes the abortion of carbuncle. This, of course, implies *early* interference; for the term "abortion" can hardly apply to an advanced development.

Those who wish to compare the relative value of the natural course of the disease with that of subcutaneous section, may select for the former observation patients whose time is unimportant; and for the latter, those having important business or social engagements to fulfil, in which time is an essential element.

In studying the course of the disease, I have been in the habit of dotting the boundary line of redness with ink or colour, to show me the exact extent and direction of any spreading of the inflammation. By this means I am convinced, after numerous trials, that, where the subcutaneous section has been made, inflammation does not extend in the direction of the knife.

Mr. Paget speaks of the mortality of the disease as probably representing two per cent., although regarded by the profession generally as far more dangerous. I am quite sure that the cases in St. James's Infirmary have far exceeded 200 during the last thirty-eight years, and the mortality has been only two; but there was this peculiarity in both cases, which involves a point of great interest and importance—namely, that the disease occurred on the anterior surface of the body. In one, a male, the carbuncle was in front of the neck, extending on either side beyond the ear; and, when the slough separated, the bloodvessels were revealed to sight as well as the denuded muscles. In the other, a female, the carbuncle was on the abdomen, with extensive diffuse erysipelas. This case was not brought to notice until shortly before death, the patient concealing her malady, and unwillingly complaining. It would be interesting to know if any of the four fatal cases recorded by Mr. Paget were on the anterior surface of the body.

I have certainly regarded carbuncles on the anterior aspect as being attended with more danger than those on the posterior surface, and have had in my infirmary during the last year two cases in the front of the thigh, both in males, entailing danger by their proximity to the large bloodvessels. They both recovered.

In speaking of treatment Mr. Paget attaches due importance to cleanliness and "keeping the surface of the skin adjacent to the carbuncle perfectly dry and free from any contact with the discharge, which seems really to have the power of infecting the neighbouring skin, and so producing the boils which are apt to arise sometimes in clusters around the carbuncle." To avert this evil, I have, most successfully, used cotton wool instead of poultice.

I am also quite sure Mr. Paget is right in reference to the diet which he recommends, of which the following may serve as an example:—

T. O——, aged eighty, an inmate of St. James's Workhouse, twelve years ago had a carbuncle, for which he was attended by Mr. Bowman, of Dalston; and, being then in easy circumstances, he was recommended to take a bottle of port wine daily: this he did for six weeks, the time which it took to heal. Last year he was admitted into the infirmary with a carbuncle, the induration being about the size of an egg; this was divided subcutaneously, and upon the ordinary infirmary diet he was quite well in a little more than a week.

Great Marlborough-street, Jan. 1869.

ON THE FLUID OF HYDROCEPHALUS.

BY CHAS. MEYMOTT TIDY, M.B., C.M.,
JOINT LECTURER ON CHEMISTRY AT THE LONDON HOSPITAL.

I HAVE to acknowledge the kindness of Dr. Woodman and Mr. Heckford in preserving the fluid in a case of hydrocephalus, and forwarding it to me for analysis.

The following is an abstract of the notes of the case as sent me by Mr. Heckford:—

The child came under his care when it was four months old. It was born hydrocephalic. The head steadily increased in size, and when he first saw it it measured twenty-six inches in circumference. Mr. Heckford tapped the head with a No. 1 trocar on the right side, an inch and a half from the middle line, in the space between the frontal and parietal bones. Two days after the operation it had an attack of convulsions. A month after this Mr. Heckford tapped it again, and it was this fluid I examined. The child had taken two grains of iodide of potassium from his first seeing it. Previous to the last operation both eyes were rotated downwards, but the pressure being now removed from the orbital plates, the position of the eyes has become almost natural.

The liquid was turbid; numerous flocculi were seen floating in it. It had a specific gravity of 1007·6.

1000 grains of the fluid yielded 5·18 grains of solid matter. This consisted of—

Albumen	0·98
Sugar	0·63
Carbonate of soda	0·02
Sulphate of soda	0·08
Chloride of sodium	2·14
Chloride of potassium	0·6
Fat	0·1
Alcohol extract	0·63
	5·18

Cambridge-heath, Hackney, Dec. 1868.

ON A CASE OF

ISCHURIA RENALIS, ICTERUS, AND LOW PNEUMONIA COMBINED.

BY JOHN M. BRYAN, L.R.C.P.L., Moreton-in-Marsh.

MRS. R——, aged seventy-seven, a widow, and up to the present time an active old lady, of dark, rather sallow complexion, above the average height, and slightly made, was placed under my care on Sunday, Sept. 13th, 1868. During the previous week she had been complaining of a bilious feeling, stars floating in front of her eyes, &c. On the morning of the 11th her friends noticed how ill she looked, and made the expressive remark that if ten years had passed over her head, since the day before, she could not have appeared older than she then looked. On the 12th she appeared very ill, and was scarcely able to get out of her chair, but never complained of pain; and her indisposition was attributed by her friends to over-exertion and exposure to cold. She had never suffered from gout, nor could I make out any previous history of kidney disease; indeed, she had scarcely ever been laid up with any illness except bilious attacks.

On the 13th Mrs. R—— seemed very ill, and scarcely able to support herself in her chair. She was downstairs. Her pulse was 90, small and weak; tongue moist and covered with a whitish fur, browner at the sides; no pain or tenderness in abdomen; the bowels had been opened the night before; loss of appetite; said she thought she had a bilious attack, and complained of giddiness, &c. I recommended

her to go to bed as soon as possible, which she appeared loth to do; also to take light farinaceous diet, with a little brandy-and-water as a stimulant now and then. An effervescing diuretic mixture, containing a bitter, was sent, to be taken every four hours. In the evening she told me that she had not passed water since the day before, and complained of her limbs and back aching; in other respects she had not altered much since the morning. I advised her again, and more strongly, to go to bed, told her to take some gin-and-water at bedtime, and prescribed a mercurial and rhubarb pill.

Sept. 14th.—The patient had passed a restless night; tongue in much the same state, perhaps less creamy and the brown surface more distinct; cough, which she had not complained of before, was rather troublesome, expectoration frothy. On percussion, there was no unusual dulness over the lungs. On auscultation, there was crepitation posteriorly and inferiorly on the right side; other parts of the chest normal; breathing free, and respiratory movements not hurried. Still complained of her limbs aching much; no urine passed; no uneasy feelings or dulness on percussion over the hypogastric region; pulse quick and weak, 105. A diuretic mixture, containing carbonate of ammonia, &c., was sent, to be taken every four hours. Also to take beef-tea, small quantities of gin at stated intervals, grapes, &c. A mustard poultice was ordered to the back of the chest, and the steam from boiling water was diffused through the room. I also recommended a warm hip-bath, which she had, and felt more comfortable after.—Evening: Still no urine had passed. I sent a podophyllin and colocynth pill, to be taken at bedtime.

15th.—I met Mr. Mann, of Charterhouse-square, in consultation. The patient had a pulse of 88 to 100; no urine had passed; the bowels had acted slightly, the stool being of a brownish colour and tinged with bile, and rather liquid. The crepitation had now spread to the middle, as well as to the lower lobe of the right side. Sputa as before; slight sickness; the conjunctiva and skin of a yellowish tint; abdomen resonant on percussion. We ordered her to take beef-tea, milk, gin in larger quantities, and sent her a purgative draught, to be taken immediately; an effervescing diuretic mixture, to be taken every four hours; and a mercurial and colocynth pill, to be taken every six hours; mustard-and-linseed poultices to the chest.—5 P.M.: We again met in consultation. The pulse was 110 to 120, and the heat of skin was increased; bowels unrelieved.—10 P.M.: The patient seemed in much the same state. I sent her a turpentine-and-camphor liniment, to be well rubbed over the loins and abdomen.

16th.—I was suddenly called up at 2 A.M. Mrs. R—— had, with assistance, got out of bed to use the enema apparatus; she was left for a moment sitting on a chair, and, whilst unsupported, fainted, and fell upon the floor. When I saw her she was in bed, but with a pulse scarcely to be felt. Stimulants were administered. At 10 A.M., as no urine had passed, I introduced the catheter, and drew off barely 6 oz. of smoky-looking urine, the last few drops being very thick. She expressed herself as relieved after the operation. Pulse very irregular, thready, fluttering, 130; heart's action irregular and tumultuous; sickness more urgent; tongue clearing at the tip, where it was red; hands very cold and clammy, and she was noticed to be restless with them, continually smoothing the bedclothes; skin intensely yellow, and perspiring freely; cough easier, and sputa less in quantity. I ordered her to take brandy and soda water (instead of gin), and stimulants at intervals were given, and ice to be sucked; also a diuretic mixture; and, later in the day, calf's-foot jelly. At 10 P.M. the sickness had abated considerably. I then added twenty minims of nitric ether to each dose of her mixture.

17th.—The bowels had been opened four times during the night, the stools being small in quantity, brownish, tinged with bile, and chiefly liquid. Pulse very regular, about 98, scarcely to be felt; sickness much relieved. No urine having passed, I again introduced the catheter, but found nothing. Skin and conjunctiva less yellow; great prostration. Omit the pills.—6 P.M.: The bowels had been opened three times during the day. Chlorodyne draught, with ammonia, to be taken directly.—9.20 P.M.: I was hastily summoned, and found she had just breathed her last, without a struggle or apparent pain.

This case is peculiar from the absence, towards the end, of the usual coma or convulsions, which usually take place in about four or five days from the occurrence of complete suppression of urine. The brain continued remarkably clear during the whole course of her malady; she gave orders for the dinners to be served downstairs, and other directions for various household matters. No pain was ever complained of in the region of the kidneys or over the bladder. Neither the stools nor the perspiration had any urinous smell, and she scarcely ever had any headache worth speaking of. There was no organic disease of the heart.

Additional Notes, by J. MANN, Esq.

1. As to the duration of ischuria. On Tuesday morning, the 15th, the patient told me she had passed no urine since Thursday, the 10th. But I think her memory had failed, and that her statement to Mr. Bryan on the evening of the 12th, that she had passed no urine since the day before, was the more correct one. The patient died on the evening of the 17th—i. e., the fifth day after the suppression of the urinary secretion.

2. As to the presence of icterus. This was not due to any obstruction to the passage of bile, which was present in the alvine excretions, apparently in the normal quantity. Was it not due to the same cause which produced the ischuria? Dr. Abercrombie* remarks that there are some cases of icterus which are analogous to ischuria renalis; the separation of bile from the blood being interrupted in the former as the urinary secretion is in the latter. This was a case in which the two were combined, and probably from the same inhibitory influence acting on the nerves of organic life.

3. On the absence of lethargy, convulsions or coma, which usually terminate cases of ischuria renalis. The explanation of this is to be sought in the concurrence of similar disease in two important organs, in the presence of low pneumonia, and in the advanced age and previous decay of the patient, which caused her to sink before these symptoms had time to be developed.

NOTES OF A CASE OF KERATITIS.

BY M. CHARTERIS, M.D.,
ASSISTANT-SURGEON, GLASGOW EYE INFIRMARY.

IN Mr. Hutchinson's clinical record of cases of keratitis, which he ascribes to hereditary syphilis, only two cases are mentioned in which the subjects of this peculiar malady are reported to have had children. Doubtless, this is in a great measure due to the fact that keratitis occurs, as a rule, before marriageable years, and that those who have been attacked by the disease are lost sight of after the affection has been cured or palliated. Assuming the syphilitic origin of the disease to be a correct inference, I am somewhat at a loss to account for the non-transmissibility of the poison to the children in the following case, which lately came under my observation.

M. G——, aged thirty, has had keratitis for the last ten years, the affection being subject to various relapses. For six years she has been an out-patient of the Glasgow Eye Infirmary, presenting herself at the institution at intervals, or whenever the disease appeared in any aggravated inflammatory form. At the time I first saw her, about two months ago, both eyes presented the dim, ground-glass appearance of keratitis. The two upper central incisor teeth were very typical: they were peg-shaped, notched vertically, and set angularly to one another. The bridge of the nose was sunken, and the general contour of the face exhibited all the peculiarities which Mr. Hutchinson has so faithfully delineated. She had no glandular enlargement, nor was there any evidence of hereditary struma. She has been married six years, and has had three children; the eldest two being alive, and the youngest having died during dentition. She assured me that her children were quite healthy, and a personal visit to her house satisfied me of the truth of her statement. The eldest, a boy, was a strong, well-made, rosy-cheeked little fellow. The second child, a girl aged four years, had all the evidences of good health and a good constitution. The father and mother of M. G—— were alive and well, and they assured me they had always enjoyed

* Diseases of the Abdomen, 3rd edition, p. 367.

excellent health, and had never had any eruptive or other disease. They had had two children, M. G—— being the elder. The younger also was married, and was the mother of two healthy children.

From the history of this case, thus briefly indicated, it may be seen that the cause of keratitis in the patient under observation was as obscure as the non-transmissibility of the syphilitic poison (?) to her children was remarkable.

Glasgow, Nov. 9th, 1868.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

KING'S COLLEGE HOSPITAL.

HYDATID TUMOUR OF THE LIVER TREATED BY SIMPLE PUNCTURE.

(Under the care of Dr. DUFFIN.)

THE following case aptly illustrates the value of the method of puncture with the small trocar in the treatment of cases of hydatid tumour of the liver:—

S. R——, aged twenty-seven, a man of rickety build, but otherwise of a sound constitution, applied at King's College Hospital on October 13th, 1868, complaining of indigestion and aching pains about the right side and shoulder. On examining the spot indicated the right inferior mammary and hypochondriac regions were found to bulge considerably, and the hepatic dulness extended vertically downwards from the nipple over a space of nine inches and a quarter. The possibility of a hydatid tumour was at once opened up, but the necessity of great caution in the diagnosis became at the same time manifest, owing to the extreme deformity the thorax had undergone during childhood from the process of rachitis, and from the existence of considerable lateral curvature of the spine. These rendered all transverse measurements next to worthless. Nevertheless a relative increase of half an inch in the right semicircumference could be established. This proved to be half an inch below the line of the costal cartilages. Much more valuable information was obtained on tracing the upper limit of the dull area. This was found to represent a curve, with its convexity directed upwards, and reaching its highest point at the fourth right rib a little outside the nipple. From this, its greatest point of elevation, the line trended sharply downwards and backwards to the tenth rib, and downwards and inwards to the xiphoid cartilage. The lower edge of the liver was sharp and supple, and convex in the opposite direction. The summit of the bulge thus corresponded to the centre of the organ, and at this point an obscure sense of fluctuation could be detected. Beyond the pushing upwards of the right leaf of the diaphragm, no notable visceral displacement existed. Vesicular breathing could be traced to the upper edge of the dulness. The only annoyance complained of was an indistinct sense of aching in the hepatic region. The inferior edge of the dull space was found to vary its position slightly with the movements of respiration and the changes of posture of the patient, giving presumptive evidence of the absence of adhesions. The rest of the evidence was mainly negative. Neither ascites, jaundice, nor evidence of infection existed.

After a consultation with Mr. Henry Smith, Dr. Duffin requested that gentleman to make an exploratory puncture with a long, fine trocar and canula. Twenty-eight ounces of a clear, transparent, watery fluid were readily withdrawn. This proved to contain numerous echinococci and free hooklets. As soon as the jet of liquid began to slacken, the end of the canula was at once occluded with the thumb, and the instrument withdrawn. During the latter part of the operation the patient complained of a deep sense of aching in the region of the liver. A flannel bandage was at once applied to fix the abdominal muscles, and a full opiate administered. About six hours later the patient had two sharp rigors, and lay with his knees drawn up in dorsal decubitus. The belly generally was tympanitic, and somewhat tender. The aspect was that of shock; the pulse had risen to 104, the temperature to 100°. An additional opiate was given. A fair night followed; and the next morning the temperature had fallen, and the abdominal tenderness was less; his pulse, however, had risen to 120. On the second day from the operation the pulse ratio began to slacken, and from that time forth he had no unpleasant symptoms. On the fifth day a physical examination showed a diminution of 2½ in. in the vertical dulness, and of ½ in. in the semicircumference. The man has continued under observation till the present time. The vertical dimension has since fallen an additional half inch; and he is completely comfortable.

Dr. Duffin remarked upon this case:—"The only diagnostic difficulty which we had to contend with consisted in the deformity of the chest by the rickety softening and subsequent distortion of its walls. It served to bring out in strong relief the value to be attached to the great convexity of the upper line of dulness. This, together with the great increase of the vertical dimensions of the liver, the slight bulge below the costal cartilages, the almost painless character of the swelling, and the general good health of the patient, constituted the foundation of the diagnosis. In determining the propriety of an operation, the probable absence of adhesions had to be borne in mind; but if puncture with a very fine trocar be resorted to, I believe that little importance need be attached to that circumstance. With a few simple precautions, the chance of any hydatid fluid escaping into the peritoneal sac may be reduced almost to the vanishing point. One of the moments of greatest danger is that of the withdrawal of the canula. As it quits the liver charged with hydatid fluid it should be occluded with the finger, and so brought out loaded with its contents. At the same moment the abdominal wall should be firmly pressed against the liver. The elasticity of the hydatid exocyst is so great that only an extremely minute portion of fluid is likely to follow the canula. The smaller the instrument selected, the less will be the chance of any hæmorrhage; and it is further remarkable how tolerant the peritoneum is of blood as contrasted with other fluids. Another advantage of a very fine canula is, that the fluid leaves the hydatid cyst very gradually. This will be obvious if we consider the vascularity of the organ implicated, and the changes in its relations that the withdrawal of a considerable amount of fluid must necessarily occasion. Neither is it necessary to evacuate the cyst completely. Even with a very partial emptying, it is probable that the elasticity of the exocyst can peel off and fold the endocyst so as to interfere with its vascular supply, and ultimately induce its degeneration. Next in importance to the method of the operation stands the most complete rest of the abdominal viscera which can be obtained. Hence I would strongly recommend fixing the abdominal walls with a flannel bandage, and the immediate administration of a free opiate. In the instance before us some rigors, general abdominal tenderness, and slight febrile signs, ensued a few hours subsequent to the operation. Within twenty-four hours, however, all threat of danger had passed away. Something similar to this has been so frequently noted after this method of interference that it may be considered almost as the rule. Provided the temperature does not exceed 101°, I believe it need not alarm us. I am inclined to ascribe it to the great change in the relations of the portal system which the decrease of pressure within the liver must necessarily entail. It is too transient and too frequently observed to be attributable to aborted peritonitis. According to the statistics collected by Dr. Murchison, a first puncture is also a final one six times out of seven. Should a second be requisite, no additional risk is involved in a repetition of the first process. If suppuration of the cyst supervene, free evacuation should of course be at once resorted to. The accident happened, according to Dr. Murchison's statistics, ten times out of forty-six, but even in seven of these free emptying of the cyst was followed by a favourable result."

ST. MARY'S HOSPITAL.

TWO CASES OF SUFFOCATION BY COAL-GAS TREATED WITH INHALATION OF OXYGEN GAS; WITH OCCURRENCE OF PNEUMONIA IN ONE CASE, AND RECOVERY IN BOTH.

(Under the care of Dr. SIEVEKING.)

WE saw the men whose case is subjoined a few minutes after their admission into the hospital; and Mr. Edmund B. Owen has kindly supplied us with the following particulars:—

Samuel S——, aged fifty-five, a stableman, and Frederick E——, aged thirty-three, a coachman, were admitted into the Albert ward at 1.45 P.M. on the 7th of January. They were in a state of insensibility. A friend who had been to the stables that morning at 12.30 to call them, was unable to obtain admission. He therefore broke open the stable-door, and went upstairs, where he found them lying on their beds, and, as he thought, dead. There was in the building an overpowering odour of gas, which he found was freely escaping through an elliptical fissure in a metal gas-pipe which was fixed to the wall opposite one of the stalls in the stable. It is supposed that the damage to the pipe was caused by a kick of one of the horses. It seems that, on the previous day, the men had come up from Bath with four horses, and had stalled them in their new quarters, which were evidently not considered altogether satisfactory; for after they had gone to bed at 2 A.M., they were awakened by a disturbance caused by the horses kicking the sides of their stalls. The man S—— went down, but failed to discover the cause of their dissatisfaction. There was no escape of gas taking place at that time. They were similarly disturbed at about 4 A.M.; and this time they were both unable to get down stairs. Their arms were stiff, and their hands trembling; and S—— said, "I am all paralysed." To which the other replied, "Why we must both have got fits," which they could not account for, as they had gone to bed perfectly sober. Then feeling quite stupefied, they threw themselves on to their beds, and could recollect no more.

They must therefore have been under the influence of the gas for at least nine hours before being rescued. When they were admitted, Mr. Owen could not feel S——'s pulse at the wrist, possibly on account of the trembling motion of his hands; but his heart was beating 100 per minute. His elbows were immovably fixed; his feet and hands were icy cold; pupils of normal size and equal. There was great lividity of the skin. Feet-warmers and mustard poultices were freely applied, and some brandy was administered. Sensibility gradually returned, and his circulation improved, so that in an hour and a half he could utter a few disconnected sentences. The temperature of his axilla three quarters of an hour after his admission was 98·6°.

Dr. Sieveking wishing to try the effects of the inhalation of oxygen gas on him, it was given to him as soon as it could be obtained from Mr. Barth, of Bloomsbury, compressed in an iron flask. Preceding its administration his pulse was 72 and very weak; towards the termination it became much fuller, but was not increased in frequency. After the inhalation it was almost bounding, and the patient, of his own accord, said he felt much lighter in his head, and that he had lost all drowsiness and stupid feeling.

The patient slept well all night, but the next morning said that he did not feel nearly so well, as he was sick and had a pain in his chest. His breathing was oppressed; pulse 64, and very full; tongue moist and clean. Percussion over his chest was resonant in front; but dull in the right infra-scapular region, where sibili with some fine crepitations were heard and tubular breathing. At 3 P.M., Dr. Sieveking ordered eight ounces of blood to be taken from his arm, after which the patient expressed himself as feeling much better, and his breathing became easier.

On the following day he said he felt quite well, and he had lost all signs of pneumonia.

Next day he was discharged from the hospital, cured.

The other man's symptoms were exactly similar to S——'s on admission, but less marked, as he had slept in the back room, which did not communicate directly with the small landing at the head of the stairs, but was shut off by a door. His pulse was 120, and very weak. His treatment was the same as in S——'s case, and he became conscious earlier. His pulse before the inhalation of oxygen was 126, and weak; afterwards 128, and full; and the stiffness in his arms, which had been persistent up to that time, had altogether disappeared. The patient noticed this difference immediately, and commenced flexing and extending his arms to show how supple they were. He had also lost all the giddiness and pain in his head.

On the next day his pulse was 80, and full, and he had no headache. The only bad effects that he had received from his suffocation, or rather from the treatment for it, was the smarting caused by the application of the mustard plasters on the chest.

He was discharged as cured on the following day, Jan. 9th.

The quantity of oxygen gas employed in each case was about five gallons, which the patients inhaled in an undiluted state, no atmospheric air entering between the mouth-piece and the lips. It was transferred from the iron flask into one of the bags of Clover's chloroform apparatus, to which the ordinary mouth-piece was fitted.

CHARING-CROSS HOSPITAL.

A CASE OF REMOVAL OF THE OS CALCIS FOR CARIES.

(Under the care of Mr. EDWIN CANTON.)

THE following is a striking instance of the good to be effected by timely surgical interference. For notes of the case we are indebted to the house-surgeon, Mr. Thomas Dowse.

Elizabeth H——, aged sixteen, was admitted on the 16th of Sept. 1868. She is a native of an ague locality; is of short stature, dark complexion, intelligent, and precocious. Her father died of phthisis four years ago; mother living and healthy. She has had four brothers and three sisters; two of the former and one of the latter are dead: cause unknown. The others, who are living, have suffered more or less from strumous disease of the cervical glands. She has never menstruated. It is now three years since she felt, after walking, an aching pain in her right heel. This was in a few days succeeded by swelling of the inner part of the foot, just below the malleolus, which for a time subsided after a little rest. This occasional state of pain and swelling, after using the foot, continued for a month or six weeks; until the part became persistently swollen, and she was unable to walk at all. Very shortly after this, a small fistulous aperture ulcerated its way through the skin, where the swelling was most dependent. Below the internal malleolus, and through this, a purulent discharge continued to flow for a twelvemonth. After the discharge commenced, the pain became less, and she made use of the foot. The aperture however closing, and the pus finding no exit, the heel again commenced to swell, and in a very short time the integument ulcerated, pus being again freely discharged. These swellings and discharges continued for some time, fresh ulcerations occurring as the old ones healed. The pain was not continuous; it occurred in paroxysms for a few days together.

When she came into hospital, the heel and parts around the malleoli were very much swollen, hot, tender, and painful. She was unable to put the foot to the ground. The pain at this time was almost continuous, of an aching, pricking character, usually worse at night. There was considerable discharge from eight or nine fistulous openings, which were found by probing to be in direct communication with the bone, the latter being found rough and porous. Perfect rest was enjoined, together with nourishing diet. Still the disease progressed, and Mr. Canton decided upon removing the os calcis, which he did in the following manner:—

The patient being placed under the influence of bichloride of methyl (which is always used in this hospital in preference to chloroform) an incision was made over the calcaneo-cuboid articulation, extending midway into the sole of the foot; thence extending longitudinally backwards, and continued over the posterior surface of the os calcis as high as the tendo Achillis. The flap was then removed from the outer side, the tendo Achillis next divided, and the dissection continued close to the bone on the inner side. All the various ligaments were then divided, and so the bone removed. The operation was almost bloodless, and no vessel

required twisting or tying. The flaps were brought together by one or two metallic sutures, the wound dressed with carbolic acid (one to forty), a light bandage applied, and the limb placed upon a splint. Although the wound did not heal by first intention, healthy granulations soon sprang up, and union was complete in a few weeks. The os calcis when removed was found very light, porous, and excavated, still, however, retaining in great measure its original contour.

It is worthy of notice, that the disease was confined to the bone itself, and did not affect any adjacent structures. The girl can both flex and extend the foot. There is a good cushion of tissue to represent the heel, which will in time become consolidated sufficiently to allow her to use the limb as she likes.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAYS, JANUARY 12TH AND 26TH, 1869.

MR. SOLLY IN THE CHAIR.

DEBATE ON THE TREATMENT OF RHEUMATIC FEVER.

THE abstract of Dr. Gull and Dr. Sutton's paper on the above subject has already appeared in our columns. We now give a detailed account of the debate which followed the reading of the paper.

The discussion was opened by Dr. FULLER, who, after expressing his obligations to the authors of the paper, said that their researches as to the natural course of rheumatic fever rather served to confirm the old notion that its proper cure was six weeks in blankets; but, although they made out that nine or seventeen days was the regular course of the disorder, the facts were rather different. He had consulted Dr. Gull's second report, to which, however, he would not have referred had the facts of the present cases been read. The first was forty-two or fifty days under treatment, the second at the end of twenty-two days was doing well, the third went out at the end of forty-two days, the fifth was discharged at the end of fifty-four days, and so on. The course of the complaint was, therefore, to be five or six weeks under treatment. If they took the alkaline treatment, he found that the average of his own cases was seventeen or eighteen days till they left. Here the two systems were compared. As to the condition of heart, it was said that the liability to heart complications was greatest at first. This was quite true; but this was only saying that those parts which are most liable to attack are those which are attacked first. He must demur to the slight liability said to exist to such complications. When registrar at St. George's during four years many cases of heart complication occurred during the second and third weeks, and in his subsequent experience he had seen this over and over again. As to what was called rheumatic fever, at St. George's the term was limited to those cases characterised by fever, furred tongue, and quick pulse. The reason why alkalies were so much spoken against was that other affections, as pyæmia and acute gonorrhœal rheumatism, had been mistaken for the true complaint; for in these diseases alkalies were of no service, but under their use the patient got worse. There was no disease which yielded to treatment so readily as acute rheumatism. When he could number cures by the hundred without pericarditis, it was fair to conclude that the remedy was of some service. Alkalies were quite as good in private practice, and he would still believe in alkalies—they were almost specifics.

The PRESIDENT remarked that to the list of diseases confounded with acute rheumatism Dr. Fuller might have added acute periostitis.

Dr. FULLER: Yes, and many cases of gout.

Dr. GULL said when this question was taken up at Guy's he took great care to ascertain exactly the duration of the disease and the period of retention in the hospital. The only true criterion of the former was temperature; consequently Dr. Fuller's data were fallacious. They must have something more exact than the stay in hospital. Dr. Fuller also remembered many instances of heart affection occurring in the second or third week. Such complications require the greatest possible care in diagnosis when they enter; otherwise they may seem to be developed in the second or third week. This was another source of fallacy. In such cases as those reported the question of diagnosis might be put on one side. Gonorrhœal rheumatism does not occur in young girls of thirteen and fifteen.

Dr. STEWART remarked that about six years ago Dr. Gull narrated the facts of some sixty cases of acute rheumatism treated without internal remedies, and he wanted to hear more of his results; not getting these, he proceeded to make some investigations on his own account. He tried old plans, in some of which he had considerable confidence; but he found that he had little reason to be so, especially with regard to alkalies, for heart affection frequently came on when under the full alkaline treatment. He had observed fifty-six cases of acute rheumatism in 1864-66, and, on reckoning, he found that the average number of days the cases were under treatment, whether with or without alkalies, was forty-two, and heart complications were also nearly equal in both. In future, observers should agree as to the termination of the disorder. In many of his own cases the temperature had not been carefully taken, which he regretted, as he looked on the temperature as of great importance. In many cases the acute symptoms came back even after the patient had left the hospital. The question was not to be decided by hundreds or even thousands of cases, but by prolonged study extending over many years, for the fever varied in different years. The eruptions were different, and sometimes the symptoms became typhoid. In these last cases he was glad not to have given alkalies. He had noticed in the "Guy's Reports" that opium was sometimes given; he himself had never used anything except belladonna applied over the heart.

Dr. GULL said the opium was not given except when absolutely necessary, and then not against the rheumatic process, but merely to relieve pain.

Dr. DICKINSON said that, as to heart disease, he doubted its frequent occurrence in hospital. Out of 113 cases of heart complication he had collected, 35 occurred in the hospital, or about 1 in 4. In 28 cases treated without alkalies 12 were seized in the second week, 7 in the third, and 6 in the fourth.

On the motion of the President, the debate was adjourned.

At the meeting on the 26th instant, Mr. Solly, President, in the chair, the adjourned debate on Dr. Gull and Dr. Sutton's paper was resumed by

Dr. DALDY, who asked what was intended by acute rheumatism, and pointed out that many forms of disease are included under the term as commonly employed. There is the lithiasis, for which Dr. Warren the elder said that six weeks was the best remedy. Were we asked to do nothing for this? Then there is a subacute rheumatism, which resembles remittent fever plus rheumatism, and tends to a natural termination in seven, fourteen, or twenty-one days. Some of the cases recorded by Dr. Gull, in the Guy's Hospital Reports, appeared to be of this character, and the natural duration of the disease would be in harmony with the results recorded.

Dr. HANDFIELD JONES pointed out the great dissimilarity between different cases of acute rheumatism, and insisted upon the insufficiency of the phenomenal study of disease, unless it led on to something more. In rheumatism he knew only the phenomena, and treated them empirically. He thought that differences in the duration of the cases were partly due to differences in the recuperative power of patients. In cases where there was high fever and great formation of acid, acid sweat, acid mouth, acid urine, he thought alkalies were indicated, and he found them grateful and beneficial to the patients. Where there was not this tendency to acidity, he should not expect benefit from alkalies: and he had obtained good results by the use of quinine in large doses, twenty or thirty grains daily. Where there was much pain and swelling of the joints, blisters were useful; but not if there was much pain, with only slight swelling. Before attempting to arrive at results by statistical means, he thought we should determine whether what we call acute rheumatism was really one disease, in the sense in which scarlet fever or measles is a disease, or whether the term included several forms of morbid action.

Dr. WYNN WILLIAMS thought the discussion had wandered

from the point, which was whether mint water or medicine should be given to the patients. He took it for granted that every practitioner knew what was meant by acute rheumatism, and could distinguish it from subacute. He had himself suffered from acute rheumatism severely, and more than once. He had tried in his own case the do-nothing plan, and also the alkaline plan, and, as the result of his own experience, he strongly advised the use of the latter. Much relief might often be given to painful joints by surrounding them with spongio-piline, soaked in a hot lotion containing subcarbonate of potash and laudanum.

Dr. WILKS thought it the duty of as many Fellows as possible to give their opinions upon the question. He was himself more or less in accord with the authors of the paper, both from his own experience and from the merits of the paper itself. After long experience, he still did not know what was the best remedy, and found that the actual cases are far from being uniform. He had used all the suggested remedies in turn, and had found them all nearly equally successful. It was quite time that such a paper should be read before the Society. He remembered a discussion four or five years ago on the same subject, in which every speaker advocated his own remedy, and in which, if a non-medical visitor had inquired whether the disease would get well of itself, no one present could have answered the question. The method pursued by the authors was the only legitimate mode of investigation, and men who did not follow it rushed blindly into the use, in all cases, of any much-vaunted medicine of the day, such as bromide of potassium, carbolic acid, or what not.

Dr. BILLING had hoped that before the last speaker sat down he would have given his opinion about the utility of giving mint water—that is, of doing nothing—in acute rheumatism.

Dr. SIBSON inquired whether the treatment of the authors was indeed doing nothing? He thought not. He maintained that it was doing what was both more desirable and more difficult than writing prescriptions upon paper. It was placing and maintaining the patient in the condition most favourable to recovery, and shielding him from every hurtful external influence. Nothing required so much care and skill as to do no harm; nothing was more worthy of remembrance than the Hippocratic maxim, "To do good, if possible, but not to do mischief." Was there not a common element in all the methods that had been discussed? and was not that element the warmth and rest of the hospital, as contrasted with the conditions of the patient's home? For two years past he had treated all cases of acute rheumatism at St. Mary's without internal drugs, but with much care. Many years ago he had seen a patient walk convalescent out of St. George's to return two days later with a fresh attack; and he thought that the difficulty of enforcing proper rest after pain had subsided was one of the chief causes of relapse. At St. Mary's the chief points were—1. Absolute rest in bed, insured by swathing the arms and legs in cotton wool, and by supporting the feet by pillows, so as to relieve the ligaments from their weight. 2. The removal of the pressure of the bedclothes by a cradle. 3. The removal of local pain by smearing the affected joints with belladonna liniment, sometimes strengthened by rubbing down the extract in it. He attached little importance to the mere duration of the cases, and all importance to the safety of the heart. He believed that the plan he had laid down, by causing the heart to be called upon for a minimum of exertion, did preserve it from risk in a very great degree. If the articular pain were very severe, with much redness and swelling, he would apply a few leeches; if without much redness, he would inject a little morphia under the skin. He objected, on principle, for himself, to the peppermint water, not approving of pretended medication. For the anæmia and weakness of convalescence he gave a little iron and quinine.

Dr. BILLING rejoined that, although giving mint water was doing nothing, the plan they had just heard could not be so described. It was, however, not the work of a physician, but of a nurse. He was well assured that there was a better method of treating acute rheumatism than by the administration of mint water.

Dr. ANSTIE confessed himself to be without distinct belief in the efficacy of any treatment other than that described by Dr. Sibson. Still, the use of alkalies had not been scientifically condemned; and there appeared to be a good deal of evidence from experience in favour of them. Before giving them up as of no value, we ought to ascertain whether those who fail with them carry them far enough, and really produce alkalinity. In some hospitals, he knew, this matter was carefully tested; but he thought many failures were, perhaps, due to the treatment not being carried far enough. A friend, whose absence he regretted, and whose name, which, in his absence, he would refrain from mentioning, would be recognised as that of one of our best observers, was in the habit of using alkalies in very large doses, and with marked success. The use of nitrate of potash was sometimes erroneously described as alkaline treatment; this salt being in no therapeutic sense an alkali, but a sedative of very peculiar character, and owing any efficacy it might have to its sedative properties alone. He deprecated leeching under any circumstances, and thought the hypodermic injection of morphia the best method of relieving pain.

Dr. LEARED inquired whether there was any reason to believe in the actual presence of lactic acid in the blood of rheumatic patients, and whether the perspiration became alkaline under alkaline treatment?

Dr. REGINALD THOMPSON said that, as Registrar of St. George's, he wished to state that exactly 100 cases of acute rheumatism had been admitted into the hospital during the years 1866–67. Of these cases, 48 were admitted with heart complication, 21 were attacked by heart complication while in the hospital, and 31 remained free. Twenty-three were cases of pericarditis, of which 6 in each year came on after the patients had been three days in hospital. Excluding these patients, whose stay was protracted, the average stay in hospital was 22 days in 1866, and 26 days in 1867. Alkalies were given in large doses, and the urine was always rendered alkaline. The average stay in hospital of the cases complicated with pericarditis was 46 days; and in the cases in which the date of the commencement of the attack could be accurately determined, it occurred in one case on the 9th day, in two on the 11th, in one on the 22nd, and in one on the 49th. The crisis of the disease was usually on the 7th, 8th, or 9th day.

Dr. HABERSHON observed that he thought the frequency of relapse bore some proportion to the depressing effects of previous treatment; and believed that he had seen morbid irritability and other bad symptoms in connexion with the use of very large doses of alkalies.

Dr. DICKINSON wished to supplement his observations in the former debate by saying that, when Registrar at St. George's, he saw a large number of cases of acute rheumatism, treated by different methods, and under the care of different physicians. Of 110 patients treated by different methods, among which might be mentioned bleeding, and the use of mercury, of guaiacum, and of iodide of potassium, 35 had endocarditis or pericarditis, coming on in the house after treatment was commenced. Of 47 patients treated by alkalies, there was only one in whom the commencement of heart disease was discovered after admission. This was a case of pericarditis. Alkalies should be used with discrimination and care, and only in the cases of acute acid rheumatism, which are precisely those in which the heart is most prone to be attacked. He believed that the alkaline treatment shortened the duration of acute rheumatism to some extent, but that its great value was in the protection it afforded to the heart. He would be glad to hear how the hearts had fared among Dr. Sibson's patients at St. Mary's.

Dr. SIBSON had not then strict statistics upon the point; but was able to say that he had never before had so small a proportion of cases of heart disease. Without comparison with the statistics of other hospitals during the same period of time, it would be impossible to say how far this might be due to the treatment. He had been astonished to find how few patients went out with apex murmur.

After some remarks from Mr. MACILWAIN,

Dr. SUTTON briefly replied. He said that Dr. Fuller had complained of the omission of the dates at which the patients left the hospital. These dates were wholly unimportant, because some patients had been kept in hospital to test the permanence of the cure; others until arrangements were made to send them to the country; others for other reasons. With regard to diagnosis, he admitted that it was not always easy to draw a line between rheumatic fever, acute rheumatism, and some cases of acute gout. He be-

lieved all the cases in the paper had been fairly named. Many of them were in young females; and certainly none of them were gonorrhœal rheumatism. Touching the date of the commencement of pericarditis, he called attention to the possibility of overlooking the very strictly localised creak, which sometimes exists for three or four days before being developed into a well-marked murmur.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JANUARY 6TH, 1869.

DR. HALL DAVIS, PRESIDENT, IN THE CHAIR.

ANNUAL MEETING.

Dr. E. L. Fergusson and Mr. W. H. Lydall were elected Fellows.

Dr. J. B. HICKS exhibited the Head of a Fœtus, which had been delivered, after perforation, by the assistance of the cephalotribe. The antero-posterior diameter of the maternal pelvis was about three inches, the fœtus very large, and the head highly ossified. The instrument had seized it obliquely over one orbit and the occipital bone on the opposite side. The calvaria was crushed in on to the base, and the delivery was effected without difficulty. Dr. Hicks pointed out the great facility and safety with which the head was abstracted after crushing, compared with the use of the crotchet or craniotomy forceps, which he thought it was destined, in a great measure, to supersede. He remarked that there seemed to be a difficulty with some writers in dissociating cephalotripsy from utter crushing of the head, whereas in most cases the effect was rather to crush down the vault into the base; the fact being that it was impossible to secure the base steadily between the grip of the blades. Very frequently the base tilted so that the flattening of the skull was effected in a vertical rather than a lateral direction. This produced the same advantage, because in this case the instrument would compress down to an inch and a half, through a pelvis of which size it would rarely be possible to deliver by the cephalotribe; while in lateral pressure the long diameter of the head would remain, instead of the transverse, as in vertical pressure.

Dr. MEADOWS exhibited a new Vaginal Speculum. It resembles Cusco's in regard to the two blades, upper and lower, whose divergence is effected by a simple act of pressure; but to prevent the lateral folds of the vagina from falling down between the blades, and obstructing vision, Dr. Meadows has adapted another narrow blade to each side, making four blades in all. These latter, when the instrument is closed, fall within the two larger blades, and are so hidden as not to interfere with easy introduction. The same act of pressure expands all four blades at once.

Dr. GERVIS exhibited a large Polypus Uteri. This specimen was taken from a patient whose labour, owing to the large size of the growth, and unusually extensive attachments to the cervix uteri and vaginal walls, had to be terminated by craniotomy. On the fifth day after the confinement, the tumour was removed by the single wire écraseur. The patient did well for some days, but ultimately succumbed to an attack of peritonitis, which, as appeared from the post-mortem examination, was unconnected with any pelvic mischief. The section of the cervix was healthy and healing, and the structure of the uterus, its peritoneal surface, and that of the broad ligaments, were free from any trace of inflammation; while, on the other hand, the coils of the small intestines were extensively agglutinated together by effused lymph. On section, the polypus displayed, in its interior, an oval fibrous tumour, enveloped in a capsule of true uterine tissue, which had been at the upper part continuous with that of the cervix. It is worthy of note, that during the first four months of her pregnancy, the patient had been subject to profuse hæmorrhage.

Dr. ROUTH exhibited for Dr. Griffith a curious Monstrosity. Extreme difficulty had been experienced in the delivery of this child, owing to the projection from the chin of a large bag containing fluid, and, in spite of craniotomy, the delivery could not be effected until this bag had been tapped. The mother did well.

Dr. ANDREW BROWN exhibited the uterus, fœtus, and parts concerned in a case of Extra-uterine Pregnancy, in which death had occurred when gestation was advanced to about the fifth month. The illness, which followed an accidental rupture of the cyst, was short. During life she was not attended by any medical man. Details of the post-mortem were given.

Dr. GREENHALGH read a paper on a case of probable Rupture of the Uterus. The patient had reached the seventh month of her sixteenth pregnancy, when, after lifting a heavy weight, she was suddenly seized with agonising pain in the abdomen, followed by collapse. Acute peritonitis set in, and symptoms of a typhoid character. The uterus then became greatly distended, and in the umbilical region resonant on percussion, evidently from gaseous accumulation internally, owing to the decomposition of the fœtus. The membranes were then punctured, giving exit to a large quantity of fetid gas and turbid liquor amnii, and in about ten hours the fœtus was expelled. The patient regained her former health. The points of interest in the case were discussed at length.

The business of the annual meeting then commenced. The scrutineers, Dr. Brunton and Mr. Mitchell, declared the following to be the result of the ballot for the election of officers for the ensuing year:—

Honorary President: Sir C. Locock. President: Dr. Graily Hewitt. Vice-presidents: Dr. Langmore, Dr. Leishman (Glasgow), Dr. Priestley, Dr. Tilt, Mr. Spencer Wells, Dr. Whitehead (Manchester). Treasurer: Dr. Meadows. Honorary Secretaries: Dr. Murray, Dr. Gervis. Honorary Librarian: Dr. Playfair. Honorary Members of Council: Dr. Tyler Smith, Dr. Oldham, Dr. Barnes, Dr. Hall Davis. Other Members of Council: Dr. Braithwaite (Leeds), Mr. Burton, Mr. Clay (Birmingham), Dr. Copeman (Norwich), Dr. Cory, Dr. Cumberbatch, Mr. Ellis, Dr. Greenhalgh, Mr. Haden, Dr. Hicks, Dr. Holman (Reigate), Mr. J. Hutchinson, Mr. Nunn, Dr. Parson, Dr. Roberts (Manchester), Mr. Scott, Dr. Smith (Weymouth), and Dr. Charles Taylor.

The report of the auditors (Dr. Rogers and Dr. Sansom) for the year ending Dec. 31st, 1868, was then read, from which it appeared that the receipts had been £842 13*s.* 6*d.*, of which £62 7*s.* 2*d.* had arisen from the sale of the Transactions. The expenditure for the year was £751 0*s.* 9*d.*, of which £406 4*s.* 6*d.* had been expended in furnishing and maintaining the library and museum, £217 17*s.* 3*d.* on the Transactions, and £128 19*s.* on general expenses. There was a balance in the treasurer's hands of £91 12*s.* 9*d.*

The report of the honorary librarian for the year 1868 was then read. After referring to the completeness with which the suite of rooms at 291, Regent-street, were furnished, and the arrangements made for the convenience of the Fellows, it stated that 96 volumes had been added during the year, 34 by purchase, and 62 by gift. In the museum there was now a tolerably complete collection of all modern instruments connected with obstetrics. The report concluded by referring to the formation of an interesting collection of portraits of Presidents and honorary Fellows, and to the gift of a handsome marble clock by Dr. Hall Davis.

The adoption of the reports of the auditors and of the honorary librarian was moved by Dr. AVELING, seconded by Dr. BRODIE, and carried unanimously.

Dr. BARNES then, on behalf of the Council, moved the following resolutions, which were seconded by Mr. MITCHELL, and carried unanimously:—1. That it is the opinion of the Obstetrical Society of London that the Obstetric Department of Medicine, and therefore the interests of the public, are inadequately represented in the General Medical Council. 2. That in the event of any revision of the constitution of the Council, provision should be made for the direct representation of obstetric practitioners and teachers. 3. That the Council be requested to draw up a memorial embodying these resolutions, to present it to the Home Secretary, the General Medical Council, and the British Medical Association, and to take such other measures as they may think useful in giving effect to them.

The PRESIDENT then delivered the annual address. He commenced by congratulating the Society on the increase in the number of its Fellows, of whom there were now more than 600. During the past year forty-four new Fellows had been elected. He then paid a tribute of respect to the memory of those Fellows who had died during the year: Dr. Turnbull, of Melbourne; Dr. Ray, of Dulwich; Mr. Tutin, of Ripon; Dr. Mackenzie, of Thetford; Dr. Rams-

botham, of Leeds; Dr. Lamb, of Maida Hill; and Dr. Pagan, of Glasgow. Reference was also made to the death of Dr. Francis Ramsbotham, to whom, although not a Fellow of this Society, many obstetric practitioners owed so much. The President then touched upon the many gratifying circumstances in connexion with the funds of the Society, the institution of its library and museum, and its steadily increasing reputation. He then urged the importance of there being a special representative of the obstetric interest in the Medical Council, so that the education of students in obstetrics might be better cared for than at present, the time now given to the teaching of midwifery and the diseases of women and children being quite inadequate to the importance and extent of the subject. After referring to the high character of the papers read during the year, to the work being done by the committee appointed to investigate the subject of infant mortality, and expressing a hope that other subjects connected with obstetric science would also be investigated from time to time through the action of committees, the President concluded by tendering to the Fellows of the Society his sincere thanks for the courtesy they had shown him during his tenure of office, and to the various officers for their never-failing services in furthering its prosperity.

On the motion of Dr. SEDGWICK, seconded by Dr. MARTYN, a cordial vote of thanks was given to the President for his address, and to the various officers of the Society for their valuable services.

Reviews and Notices of Books.

Lectures on Surgery. Part I. By JAMES SPENCE, F.R.S.E., Surgeon to the Queen in Scotland, President of the College of Surgeons, &c. &c. pp. 237. Edinburgh: Adam and Charles Black.

"THE publication in parts of the following lectures," says Mr. Spence, in his introductory notice, "has been adopted in order that the work might be available this session for students attending the class of surgery in the University, as the publication of the remaining and more practical portions could not be accomplished at a sufficiently early date." For our part, we should have preferred that the entire work were laid before us at once. The system of part-publication which has lately become so common is, in many ways, inconvenient to the reader; and, in the case of a new text-book on surgery, we can really see no occasion for hurry.

It would be impossible for Mr. Spence to subscribe his name to any work which did not contain much that is excellent; and the book before us will be found to abound with practical hints and just and weighty observations. We doubt, however, if it is suited to the wants of the student; and we doubt also very much if Mr. Spence exactly appreciates the peculiar exigencies in which a student is placed. It is true, perhaps, that these lectures contain all that is needed by a practitioner to enable him to treat the surgical diseases described in them; yet they certainly do not contain those especial and peculiar points which every student is required to know, and without the knowledge of which he would fail to acquit himself before any examining board. There is, so to speak, a certain routine knowledge which every candidate is obliged to learn; and it is this which we find eminently wanting in Mr. Spence's book. As an example of what we mean, in the chapter on Burns no allusion whatever is made to the famous division of Dupuytren; nor is any reference made to Curling's perforating ulcer of the duodenum. Again, in the chapter on Nævus and Erectile Tumours, the various methods of tying a nævus, which are intricate enough, are not described. The chapters on Inflammation are by far too graphic. In the observations on Erysipelas no mention whatever is made of the well-known divisions of Nunneley and Lawrence, nor of the different modes of treatment employed by Hutchinson, South, and others.

Throughout the work no authorities are ever quoted; and, indeed, so completely does Mr. Spence appear to ignore them, that he remarks, *apropos* of erysipelas,—"This disease used formerly to be divided into several different species, according to the symptoms or termination of the inflammatory action. But we will simplify the subject without losing anything of its practical utility, by considering it under the several heads of Erythema, Bilious, Phlegmonous, and Œdematous" (p. 89).

The late literature of syphilis, and the discoveries of modern observers, have also been similarly simplified. In *twenty* lines, Mr. Spence disposes of all that has been written on the unity and duality of the syphilitic virus. He says: "Some hold that the different characters of primary sores, and of their effects, show that there are two distinct forms of poison—one more virulent than the other; but from what I have seen myself, and judging from the evidence adduced, I do not believe in two distinct poisons, though I consider that the poison may differ in degree rather than in kind" (p. 152).

It is of this individual teaching that we complain; and it is exactly this which will render an otherwise excellent book useless to the ordinary student. We regret this the more, because, scattered desultorily through these pages, there is an amount of information and reflection of the most valuable description. It is possible that in the concluding numbers of this work these omissions may be rectified; but if so, we are sorry that it should have been given to the public in parts, and not as a whole.

HOSPITAL ADMINISTRATION.

AT a meeting of the Social Science Association on Monday evening last, a letter from Dr. Fleetwood Buckle, containing statistics as to the administration of twenty-two metropolitan hospitals, was read by the Secretary. The accuracy of the information was impeached by Mr. Wilkinson, the Secretary of St. Mary's Hospital, Paddington, and by Mr. Charles Hawkins. An interesting discussion arose, from which it appeared all but impossible to make any comparison between the expenditure of the various institutions, owing to the entire want of uniformity in the reports and accounts. The meeting unanimously resolved that it is desirable that these be presented in a uniform shape; and a committee was appointed to draw up a form of statement of accounts, which may be recommended to the various hospitals from this section of the Association, and that the committee be authorised to communicate with the authorities of the hospitals, and subsequently report to the Society upon the subject.

We conceive that no greater boon could be conferred upon these institutions and the public than a system which would enable everyone to see exactly how the funds of the public hospitals are dispensed. Without the least imputation of maladministration or culpable waste, which we believe to be extremely rare, it is acknowledged that there are great discrepancies between the cost of large and small hospitals, in the expense of food, nursing, and general management; that, in some cases, capital is trenched upon to meet urgent difficulties, whilst in other cases these difficulties are met by special appeals. We have no great faith in Government auditors, but we think the governors of the various hospitals would do wisely to assist the committee now appointed, in order that the reports and accounts might be uniformly made out, and that they should be submitted to an independent professional auditor provided by themselves.

THE Cutlers' Company have voted donations of ten guineas to Charing-cross, Middlesex, King's College, Royal Free, Great Northern, West London, and St. Mary's Hospitals.

THE LANCET.

LONDON: SATURDAY, JANUARY 30, 1869.

AT the meeting of the Royal Medical and Chirurgical Society, on Tuesday evening, the adjourned debate on the treatment of rheumatic fever was brought to a close, and will be found fully reported at page 160. That such a debate should have been held in serious earnest, and that, in this nineteenth century, grave physicians should have spent their time in considering whether, in the face of a painful and dangerous disease, it is, on the whole, better to treat it or to leave it alone, is of itself a satire upon the healing art—a satire than which SWIFT could have imagined nothing more severe. We are not without admiration for the candour that prompted the avowals made by some of the speakers; but we cannot profess to have been struck with the philosophical character of the debate. M. JOURDAIN had talked prose all his life without knowing it; and certainly if much of what we have heard in this discussion was science, we must ourselves often have been unconsciously scientific in our least happy moments. To begin at the very beginning, we doubt the propriety of the phrase, "the natural history of the disease." Abstractedly considered, it is very desirable to know that natural history. Very possibly, too, there may be points of physiological interest about the natural history of drowning, but they would hardly form a sufficient excuse for allowing a fellow creature to perish within reach of help. If this giving mint water were really leaving the disease alone, to do its worst, we should gravely doubt the morality of the proceeding: and we should also doubt whether such experiments, even if justifiable upon intelligent private patients, whose consent and co-operation had been gained, would not involve, in the case of hospital patients, a grave dereliction of duty towards the sick, and the breach of an implied contract with the governors. We find, however, that so far from the disease being let alone, the patients are really managed with sedulous care, their cases watched with assiduity, their diet and surroundings carefully regulated, and their pains, as far as possible, relieved. This is as it should be, but, in the meanwhile, what becomes of the "natural history" of the disease? We do not arrive at natural history by mere abstinence from the administration of alkalies or of lemon-juice. Again, we were painfully impressed during the whole debate by the tendency of many of the speakers to talk about the disease, and to ignore the patient. This is like the famous French physician, who chronicled the success of his remedies by the triumphant epitaph, "Il est mort guéri," or like the counter-practising druggist, who knows something that is "good" for neuralgia or for indigestion. Even Miss NIGHTINGALE found occasion to write down that "diseases are not entities, like dogs and cats," and the widespread belief that they are so, which pervades popular literature and common talk, received its technical expression no Tuesday, in the inquiry whether rheumatic fever was one disease, or two, or half a dozen. We cannot now follow this matter further, and must be content with expressing our hearty assent to the observation of Dr. BILLING, that there is a better way of treating acute rheumatism than by giving mint water. Physicians who have learnt their lesson at the bedside, and who know that the object of the healing art is not to cure a disease, but to treat a patient, will not waste their labour in a vain search after specific methods. In every case they will find scope for a wise eclecticism, and for the judicious administration of well-chosen remedies. We cannot refrain from calling the attention of our readers to four papers on the treatment of acute rheumatism, from the pen of Dr. J. A. WILSON, which appeared in the columns of THE LANCET during the month of November, 1844, and which show how fully the real bearings of the question were even then understood. In those cases (and they are many) in which the light of science has not yet revealed the essential nature of the chief morbid process that is being carried on, the observation of phenomena, and the empirical treatment of them as they occur, must still form the basis of our most trustworthy resources. We shall not hasten the discovery of deeper principles by deceptive inquiries into natural history, nor shall we promote the advance of therapeutics by the practical adoption of the maxim that the novelist puts into the mouth of *Captain Luttridge*, "Sometimes, you know, a man may be so situated that he cannot tell what he ought to do; and then his only proper course is to *do nothing, which is always right!*"

WE revert to the subject of the North Shields epidemic and the reports of Mr. HAWKSLEY and Dr. LETHEBY on the water supply for two reasons. First, because of the extreme importance of the subject; and secondly, because, having both reports fully before us, we can a little more accurately apportion to Mr. HAWKSLEY and Dr. LETHEBY respectively the amount of help they have given to the community which has appealed to them for light as to the influence of the water-supply on the causation of the epidemic which has raged so extensively, and withal fatally, amongst them. Mr. HAWKSLEY, in his report, says it appears that the supply ranged from about 350,000 gallons per day in extreme dry weather to about 500,000 gallons under ordinary and usual conditions—from (the population being 35,000) 10 to 14 gallons per head per day. "This rate of supply is much below that which obtains in most towns of similar size, but is sufficient for domestic purposes only, except during the period of extremely hot weather, when I am of opinion that the supply was somewhat less than would, for the time, have been the natural and proper consumption." Considering that the extremely hot weather lasted for about six months, we may fancy what the state of North Shields was last year. These words of Mr. HAWKSLEY, though accompanied by qualifying statements of the little demand for water in the town for manufacturing or water-closet purposes, are to be remembered in connexion with the descriptions given in the Town Council of water being on only on certain days in the week, and others given to our own Commissioner as to its taking five minutes to fill a pail of water when the supply was on. All things considered, we do not agree with Mr.

HAWKSLEY's euphemistic statement, that "there is no evidence of the quantity of water having been so deficient as to have been a very distinct cause of inconvenience to the consumers."

Mr. HAWKSLEY's report is a most civil and pleasant one. It is more: it is a generous one. He gives more than he was asked for. He was asked for an engineer's opinion; and after giving one, he flings chemical and even medical opinions about in all directions. One does not know whether most to admire his boldness or his generosity. The most unpleasant thing he has to say about the most objectionable specimen of water, which, according to Dr. LETHEBY, *might be at any moment charged with drainage matters*, and which even in Dr. LETHEBY's hands gave most suspicious indications of sewage contamination, in containing nitrate of lime, and large quantities of common salt and ammonia, —the most unpleasant thing Mr. HAWKSLEY had to say about even this water was that it was rather hard, and bad for making tea. But Mr. HAWKSLEY does not confine himself to chemical questions. He soars into medical regions, and, with a delightful assurance, pronounces on the nature and the causes of the North Shields fever; and, with a confidence that must have endeared him for ever to the Water Company, acquits the water of all blame in causing or propagating the epidemic. Lord RUSSELL's willingness to take charge of the Channel fleet must henceforth yield as an illustration of pluckiness to Mr. HAWKSLEY's readiness to attach the first person singular pronoun to the most doubtful opinions on questions entirely remote from his knowledge. According to Mr. HAWKSLEY, the North Shields people in the line of a certain set of water-pipes have most mysteriously had jungle fever. But the opinion is so fine in the number of its "I's," and the assurance with which medical opinions are stated, that we must give it in the civil engineer's own words:—

"I have only to add that I have no reason for believing that the serious attack of epidemic fever ..... is in any degree attributable to the conditions of the water-supply. ..... I attribute this attack to a humid condition of the atmosphere immediately supervening upon a protracted period of excessive heat; a species of jungle fever, consequent upon a suppressed evaporation and continued high temperature, has therefore been the natural and, as it appears to me, inevitable consequence."

After this sublime explanation of the jungle fever which did not affect people living in certain parts of North Shields under the same conditions of suppressed evaporation and continued high temperature as those affected, it is remarkable that Mr. TONE, the engineer of the North Shields waterworks, should think it necessary to tell us, in the end of his report concerning the supply from Preston-pit shaft, which, roughly speaking, is the source of about half the whole supply,—

"It is proposed to discontinue pumping at Preston Pit so soon as water is obtained at Billy Mill. This is therefore temporary. Since Mr. Hawkaley's visit the workings have been examined, and *arrangements made to prevent any fouling of the water coming to the shaft.*"

Are we to understand that before Mr. HAWKSLEY's visit the water coming to the shaft was fouled?

As to Dr. LETHEBY's share in this matter, we erred in a former article in identifying him with the jungle-fever theory. Dr. LETHEBY confines himself strictly to stating the chemical composition of the four specimens of the water sent him, which, as we said in our former article, is quite consistent with sewage contamination, at least in one specimen. We erred very naturally; for in a letter by Mr. HAWKSLEY which we then quoted, just before giving his theory of the fever, he said he had had a conference with Dr. LETHEBY. We now acquit Dr. LETHEBY of any share in Mr. HAWKSLEY's opinions, which are probably entirely confined to Mr. HAWKSLEY. But Dr. LETHEBY must forgive us for saying that he should arrange with Mr. HAWKSLEY not to introduce peculiar medical theories by saying that he has conferred personally with Dr. LETHEBY. This is calculated not only to involve Dr. LETHEBY, but to mislead a whole community on the causation of a most frightful calamity.

Lastly. Let us learn to pity a town overtaken by a huge epidemic, the production and propagation of which are a matter of agreement among sanitarians. The authorities apply for learned opinions to a civil engineer and to a chemist of deserved reputation. They get a strong medical opinion, not from the chemist, who is also a medical expert, but from the civil engineer; and they are left at the end of their attempts to get light in as great darkness as at first. No initiated person doubts that the North Shields epidemic had an origin, like that of Guildford, Terling, and other places, in the sewage contamination of water. The typhoid of 1868 took precisely the same course as the cholera of 1866. But the oracles that have been consulted have given no sign by which those who have suffered from this calamity may know the matured views of those who have studied similar outbreaks.

Our advice to the Town Council of North Shields would be to accept the reports of Mr. HAWKSLEY and Dr. LETHEBY as only confirmatory of the view we have always taken of this question; and if they can find, apart from the niceties of experts, any evidence of palpable or probable admixture, previous to this outbreak, of excrementitious matter with the water-supply of the affected portion of the town, then they will do well to close the question, and to consider the cause of one of the greatest misfortunes that ever befell their town to have been ascertained. Is there any such evidence forthcoming? It is conspicuously absent in those reports; and yet it is *the* point to be ascertained. If this is not ascertained, the investigation is incomplete.

WE are very glad to see that Mr. GOSCHEN appears fully to appreciate the necessity of meeting the general cry for a reassessment of property in London to the poor-rates. In his answer to the deputation from Poplar the other day, he said, as plainly as need be, that the Government was going to prepare a measure to that effect. We rejoice that Mr. GOSCHEN is so clear in his ideas up to this point; and now the all-important question remains, whether he intends to attempt anything further. What does he say to that most significant movement among the ratepayers of Somersetshire in favour of a total change in the principle of assessment, by which all kinds of *income* above a certain line

would be equally taxed for the poor? He must know well enough that the present system inflicts the greatest injustice, by leaving thousands of large incomes derived from commerce, or invested in the funds, entirely untaxed for the poor; and it is hard to conceive how he can frame any defence of such a state of things. But the change which those shrewd West-country folk propose as regards the principle of assessment would be not merely beneficial in itself, but it would form a safe foundation for a grand measure of equalisation of the poor-rates all over England and Wales, and for dealing with all State relief to the poor as a national charge. It is not surprising that politicians "with half an eye" should go into hysterics with fright when they catch even the most distant glimpse of the latter project. But anyone with a whole eye, still more with two eyes, in working order, can plainly discern that the nation will ultimately have to come to that; and that there will be no real peace, and no permanent settlement of this miserable and sickening subject of pauperism, till we do come to it. Of course the opponents of all such plans will raise the customary outcry about the dangers of centralisation (for doubtless it would be impossible to work such an organisation without a large amount of direct control from a metropolitan centre); and of course they will declare that centralised management is costly and extravagant. But is local administration of the poor cheap or economical? We could mention one of the highest authorities living who declared, in our hearing, that the most shameful feature of the local management of Poor-law matters is, that, although producing such miserable results to the paupers, it is ruinously and corruptly extravagant! It is high time that a really able and impartial Royal Commission should look this terrible monster, centralisation, calmly in the face, and inquire whether it be not just possible that the management of State assistance to the poor is precisely one of those complicated and difficult questions upon which it is hopeless to expect effective action except by employing skilled, trained, and *drilled* officers, sharply responsible to Parliament through a Minister.

We had written thus far, and should have ended, when *The Times* of Tuesday was put into our hands, with an important leading article upon the present attitude of the Holborn Guardians as regards the carrying out of Mr. HARDY'S enactment respecting sick asylums. We are sincerely glad that Mr. GOSCHEN has had the firmness to repel the insolent, as well as ignorant, demands of the Holborn Guardians, and to repel them in a thoroughly dignified way; and we are glad also that *The Times* does not endorse the foolish outcry amongst some of the ratepayers against the mere fact of expenditure on hospitals built on the system of concentrating the infirmary accommodation for the London sick poor. All that is just in the objections which the Holborn Guardians raise against the working of Mr. HARDY'S Act can and ought to be met, not by recurring to the suicidal policy of endlessly subdividing the administrative machinery, and placing the management of the sick in the various parishes in the hands of numerous bodies, all of them equally incompetent to their work, and each with different ideas as to how they should set about it, but by a further and bold extension of the principle of unified administration; placing that, moreover, on the only sound basis—an equitable assessment on all incomes beyond a certain amount, instead of on real property or rent alone.

SIR WILLIAM JENNER spoke with conciseness and effect in his address to the Medical Teachers' Association that we published last week. His address was consistent with that of his predecessor, Mr. SIMON, and calculated to render continuous the influence, at this critical time, of the Association. If the Association is to have due consideration in the coming discussions on medical education, it can only be by agreement amongst its own members. Even the opinions of such leaders as Mr. SIMON and Sir WILLIAM JENNER will not avail by themselves, unless they represent the public opinion of the collective teachers of the metropolis. But let us see what is the burden of Sir WILLIAM JENNER'S deliverance on medical education. It is this: the tendency of educationists, according to Sir WILLIAM, is too much to urge collateral studies, and not to use sufficient means either for imparting clinical knowledge or ascertaining if it has been imparted. He thinks the difficulty is, not want of clinical material in hospitals or of able and willing clinical teachers, but to get students into the wards. "The students who should profit by these opportunities comparatively rarely visit the medical wards." Sir WILLIAM doubts the sufficiency of any mere regulations to secure such attendance in the wards as implies clinical observation and education. The two great remedies upon which he relies are: first, such a disposal of collateral studies as shall leave the student time to devote to clinical study; and, secondly, such a stringency of clinical examination on the part of all our licensing bodies that students shall understand that if they are not clinical they are nothing, and will be assuredly and at once rejected. How far some of our chief examining bodies are from this perfection we need not say. Public opinion in the profession will go entirely with Sir WILLIAM JENNER. It must not be forgotten that the Medical Council and the licensing bodies exist to secure to the public educated and effective medical practitioners, and that all preliminary education is only to be insisted on so far as it will perfect the mind of the student for clinical observation of the ways of disease and the agencies by which these can be beneficially modified. The Medical Council is amply justified in what it has done for preliminary education; the want of which implies defective clinical faculties, as well as defective social qualities, in the members of the profession. But let the Council remember that its principal duty is still unachieved—the importation of such clinical elements into medical examination as shall secure the quick and certain rejection of all students who learn their profession from books or grinders.

There are one or two statements in Sir WILLIAM'S address which may admit of difference of opinion. First, he avers that the physicians to hospitals are a body able and willing to give the best clinical instruction. As to professional ability, this may be conceded; but it must be allowed that many a good physician has not the qualities which make a good clinical teacher; and, secondly, it does not follow that if he has these, he has the leisure which is neces-

sary for careful clinical teaching. These are points that will have to be considered in any attempt to perfect this essential department of medical education. The second statement in Sir WILLIAM'S address is one which we might leave to be criticised by students. *"Students comparatively rarely visit the medical wards."* This is a very serious averment. Even if it is true, we believe the explanation will be found to be that clinical teaching now means a rapid run through the wards with a crowd, and not that careful exposition of the facts of each case which alone can make it of clinical interest to the student.

Medical Annotations.

"Ne quid nimis."

NAVAL MEDICAL SERVICE.

WE regret to hear that there is a possibility of the medical profession in the Navy being lowered still further in public estimation by the abolition of the office and title of Medical Director-General. It is said to be in contemplation to fall back on the system of the early part of this century, abandoned in 1832, and to place our profession under the same control with the victualling and transport departments. This retrogressive policy cannot fail to render the naval service more distasteful to medical men, and we believe it will be at the same time very injurious to the service, by placing one more medium or fence between the First Lord of the Admiralty and the medical officer charged with the maintenance of the efficiency of the naval hospitals, and the supervision of the integrity and capabilities of the large body of our professional brethren trusted with the care of the health of the sailors in every part of the world.

Mr. Childers having previous knowledge of the working of the Admiralty and naval affairs, must have observed the many disadvantages accruing from the intervention of one non-professional medium between the chief of the Admiralty and the principal medical officers. He may assure himself that, by constituting a second such medium, he will only increase the necessity for clerks to fulfil the calls of circumlocution, and will thereby add to the uncertainty of receiving timely knowledge of facts that would place the medical and health officers of the Navy within his ready grasp.

The office of the director-general is essentially a professional one, and skilfully-trained minds alone can judge correctly on many points submitted from all parts of the globe; and therefore any degradation of that office, by placing its functionary one remove further in the background, will render zealous efficiency of less value than willing subserviency, and must prove very detrimental to the public service. Under these circumstances, none of the leading professional men are likely to desire the post, shorn of its necessary powers; and we trust that none will be found having the dignity of our profession so little at heart as to accept the unenviable position, even should the *douceur* of promotion be proffered to make subserviency palatable. We said last week—what we can only now reiterate—that the claims of Sir David Deas, K.C.B., put him prominently forward. He has had long and extensive service of all kinds; he is deservedly popular, and enjoys the confidence of his subordinates; and he is known to be an able, straightforward, and independent man. The direction of our public medical services is very far from being an easy task. A director-general has to accept the responsibility of deciding on a large number of questions, from those of the greatest importance to others of comparative insignificance, and he has often to run the gauntlet of official and public criticism. The pay for such a position is already ridiculously small; and the Director of the Naval Medical Service should possess more official authority, and a voice in all appointments, promotions, &c.

Mr. Childers may be fairly congratulated on one of the reforms on which he is said to be bent, with the view of economising the administration of the Admiralty—viz., the removal of the Captain-Superintendent from Haslar Hospital. It may well be asked what can be more ridiculous than that a naval captain should be the director of a large and purely medical establishment. It is very little short of an insult to a man of Sir David Deas's service and position to suppose that he needs the action of a naval officer for the administration of the hospital of which he is the medical head; and the presence of a captain-superintendent causes the annual diversion of a large sum of money which, in justice to the taxpayers, ought to go in aid of the sick seamen.

THE SWINEY PRIZE.

THE favourable opinion which we expressed in August last of the third edition of Dr. Guy's work on "Forensic Medicine" has just received a public confirmation which must be eminently gratifying to that gentleman—the award of the Swiney Prize. This prize, of the value of two hundred pounds, left by Dr. Swiney to the custody of the Royal College of Physicians and the Society of Arts, to be awarded quinquennially, was adjudicated according to custom on Wednesday, January 20th, the anniversary of the donor's death. The representatives of the corporations were, on the recent occasion—for the College of Physicians, the President, Senior Censor, Treasurer, and Registrar of the College, together with Sir Thomas Watson, Bart.; and on the part of the Society of Arts, the Lord Chancellor, Sir W. H. Bodkin, Samuel Redgrave, Esq., Benjamin Shaw, Esq., and Seymour Teulon, Esq., whose deliberations ended in the confirmation of a formal resolution of the joint committee, passed at a previous meeting, to the following effect:—"Resolved unanimously, to recommend that the award of the prize be this year made in favour of William Augustus Guy, M.D., the author of a published work entitled, 'The Principles of Forensic Medicine.' — Signed, Hatherley, Chairman."

The prize—a splendid specimen of silversmith's work—designed by Maclise, and executed by Messrs. Garrard, consists of a silver goblet of the value of one hundred pounds, with gold coin in it to the same amount, and it has now been awarded for the fifth time.

Dr. Guy's original researches respecting the sublimation of the principal poisons when presenting themselves for analysis in such minute quantities as often occur in medico-legal inquiries, and the extension thus given to microchemistry and the microscope, would alone justify the award of the adjudicators. We congratulate the respected Professor of Forensic Medicine at King's College on this public acknowledgment of his able and indefatigable investigations.

AN ANTIDOTE TO SNAKE-POISON.

WE have received from a correspondent, recently arrived in this country from Australia, an account of Professor Halford's experiments on animals, with the view of discovering an agent which should avert the poisonous effects

of the bites of venomous snakes. The subject has recently attracted a large amount of attention in that country, owing to the professor having employed his remedy — a solution of ammonia injected into the veins—with success in the case of a man exhibiting all the symptoms of snake-poisoning in a dangerous degree. We take our account from a contemporary. A man was bitten by a venomous snake, which he had taken into his hands, supposing it to be dead. Not long afterwards he became drowsy, and mentioned the occurrence to one of his mates. The latter immediately set about procuring medical assistance, but by the time it arrived the man was comatose, and his lower extremities paralysed. Galvanism and other usual remedies were applied, but without effect. In this extremity the medical man first called in caused Dr. Halford to be telegraphed for. The case was the first opportunity he had had of applying his new treatment to a human being, and he at first felt some hesitation in resorting to it. An incision, however, was made through the skin, exposing the superficial radial vein, and the point of the syringe being introduced into the vein, the injection (of ammonia) was completed. The beneficial effect was immediate. From an almost pulseless state, and from a stupor verging on death, the patient speedily became conscious. He has been steadily recovering since, and he is now reported to be nearly well. Whether the earlier treatment in any way contributed to the cure cannot, perhaps, be certainly known, but there appears to be little doubt—the medical men entertain none—that the case must have ended fatally but for Professor Halford's treatment. We require, of course, some further cases before the merit of the discovery can be determined. Ammonia is not a new remedy for snake bites, but Dr. Halford has the credit unquestionably of having applied it in a direct way by injection into the blood, so that its effects should be immediate and general. Its application in this way could only be safe in skilled hands. The discovery was not fortuitous, but resulted from a consideration of the microscopical alterations which he found taking place in the bloodvessels of animals subjected to the snake-poison. It is only right to add, however, that the observations of Dr. Fayrer and others have failed to verify the statements made by Dr. Halford on the altered condition of the blood-corpuscles. We learn from a letter which Dr. Halford addressed to the *Melbourne Argus*, that he had previously instituted a series of experiment on the lower animals, and he publishes five of them which he performed on dogs. In four instances the treatment was successful. To carry out the treatment a solution of ammonia—of the strength of one part of strongest liquor ammoniæ to two parts of distilled water—and an ordinary hypodermic syringe are required. The ammonia is thrown directly, but gradually, into the blood by puncturing any superficial vein, and may be repeated as its beneficial operation ceases.

THE MEDICAL CHARITIES OF BRIGHTON.

THERE are two or three well-known medical charities in Brighton. There is the large and well-conducted County Hospital, and further, the Brighton and Hove Dispensary, in the very heart of the town, with eight honorary officers, four paid house-surgeons, and a resident dispenser. This institution last year had more than 15,000 patients, attended either at their homes or at the institution, during the year. And there are other smaller institutions. One is apt to wonder how there should be room in Brighton for so many medical charities and so many medical men. But, as if these were insufficient, another establishment has arisen in the town, according to the last "Directory" of Messrs. Churchill—"The Brighton Hospital for Sick Children, established in 1864." Our attention has been directed to this institution by different correspondents; and we are bound to say that it appears to us to be a superfluity. According to Churchill, it has existed since 1864. This date probably applies to the time of its first conception in the imagination of the principal medical officer, Dr. Barker, who has a knack of advertising himself, in connexion with books and institutions for the benefit of children, or women and children. In several years, particularly 1864, '65, '66, if not '67, Dr. Barker allowed himself to appear in the "Directory" as the medical officer of the Brighton, Hove, and Kemp Town Institution for Women and Children. As Dr. Barker was the physician of this institution, it doubtless had an existence, but it never took distinct shape and visibility, so that men could point to it, and say, "There is our institution for diseases of women and children." As regards the present institution for sick children, it is, as we have said, dated as far back as 1864. Now, unless this is the same invisible institution as that of which Dr. Barker was the physician in the above years, we should date its origin more recently than Churchill does. We should rather take the date from a begging letter issued from the charity, which speaks of it as "a hospital which has just been established." Moreover, we should be disposed to think it should never have existed. This multiplication of medical charities tends to pauperise both the public and the profession. There are more beds for the use of children in the County Hospital than are used; and we look upon the new medical charity in Brighton as one which the profession should discourage, and the public should not support.

PAUPER LUNATICS.

THE Middlesex magistrates have received a letter from the Home Secretary to the effect that, having regard to the entire inadequacy of the existing asylums for the accommodation of pauper lunatics, he is compelled to call upon them to take proper steps for remedying the evil, and that in default of their so doing, it will be his duty to make them. In other words, we are to have another county lunatic asylum. The matter was referred to a committee of the magistrates, and we may hope that action will be delayed until it be ascertained how far the new asylums for imbeciles at Leavesden and Caterham will obviate the need, by removing a considerable number of the incurable and harmless patients from Hanwell and Colney Hatch. Whilst noticing the provision for pauper lunatics, we may take the opportunity of protesting against the action of the metropolitan guardians with respect to their accommodation at the present moment. The Metropolitan Poor Act provides that the cost of all lunatics not kept in workhouses shall be paid for out of the common fund, and in consequence of this the guardians have removed every lunatic for whom a medical officer will certify. This has been done without the slightest regard either to expense or propriety. Hanwell and Colney Hatch being soon filled, accommodation has been sought elsewhere. Last week thirteen lunatics were sent away by the guardians of St. George's, Southwark, from their very comfortable establishment at Eagle House, Mitcham, to Lichfield. The guardians of Holborn have patients at Salisbury; and, in fact, metropolitan pauper lunatics are now scattered about far and wide. Under such circumstances, the poor creatures are entirely removed from the visits of their friends and relatives. Moreover, the expense of this removal is frequently considerable; and whereas the payment at the county asylum is under 10s., that at the private asylums

is 12s. and 15s. per week. The worst injustice is, however, that those guardians who have provided special and irreproachable accommodation for their imbeciles, and therefore have no excuse for their removal, are obliged to keep them entirely at their own expense. Of course real supervision is entirely out of the question; and we are not surprised to hear that sane persons have been detained at the Fisherton Asylum, Salisbury, and have been discovered by the occasional visit of two of the Holborn guardians with their medical officer. How many are in a similar case? At the same time, other bad cases are improperly detained in workhouses because there is no room to be found at this moment at many good asylums. The guardians of Chelsea would be glad to remove several cases from their overcrowded imbecile wards if anyone would take them.

UNQUALIFIED MIDWIFERY.

A CURIOUS and very sad illustration of the evils of unlicensed practice occurred a few days ago. Mrs. Hazle, the mother of seven children, died in childbirth at Poplar, and died undelivered, apparently for want of ordinary skilled attention. In the first instance she was attended by a midwife, Mrs. Brown. Mrs. Brown was sent for on Sunday, the 17th inst., between 6 and 7 P.M. She said in her evidence that the head was presenting. On the Monday, the case proving tedious, Mrs. Brown sent, or rather went, for what she called a doctor, and brought Mr. Gaster, who is simply a chemist. Mr. Gaster came at 12, and again at 4.30. He declared the head to be presenting; but declined assistance, not because he ever refused assistance or the use of instruments, but because the time had not come for interference. He was superseded by Mr. Young, the unregistered assistant of Mr. Kennedy. Mr. Young saw Mrs. Hazle at 7.30 P.M., and found her in a state of collapse; the head and foot presenting. He administered stimulants, and went for Mr. Kennedy. On returning, he found Dr. West in possession of the case, who described himself at the inquest as M.D. of New York, but is not registered to practise in England. Dr. West found the patient in a state of extreme collapse, with perspiration running off the face, violent hiccough, and vomiting. The external genitals were much ecchymosed from violent handling. The presentation was a breech one. Dr. West brought instruments with him, and put them under the clothes, but did not use them. After waiting an hour on account of the weakness of the patient, he tried to turn, but could not; and he then declared that the woman would not live an hour, and stayed with her till her death.

Mr. S. K. Ellison, L.R.C.S., made a post-mortem, assisted by Dr. King, and found all the organs healthy. On examination per vaginam, he found the hand and foot presenting. On opening the abdomen, the child was seen directly beneath the abdominal muscles, with the head towards the right side, and the cord across the back of the child and under its right arm. On removing the child, the left arm and foot were drawn through a rupture in the uterus. A portion of the placenta was also protruding through the rupture, and was easily detached. The rupture extended transversely in front about the junction of the cervix with the vagina. There were also about a teacupful of blood and clots in the pelvic cavity. Mr. Ellison attributed death to exhaustion and shock from rupture of the uterus.

The jury returned a verdict attributing the death to the neglect of the midwife. The coroner very summarily announced the conclusion at which the jury had arrived to Martha Brown, and dissolved the Court.

These facts are very shocking. They show that any unqualified practitioner is considered by the State to suffice for a poor woman in the joint agonies of labour and death, and that she may die for want of the simplest obstetric skill. Whether the rupture occurred from the continuous and long action of the uterus, or was produced by the violence of attendants, does not much matter to the lesson of the case. A very little skill would probably have sufficed to bring down the feet and deliver the child. But it was not forthcoming. Ignorance kept art out of the case. The midwife reported things going on straight. The chemist recommended the patient to get on to two chairs, and said she couldn't be doing better. The unqualified assistant went off for his qualified master. And the New York M.D. tried to turn, though a foot was clearly in the vagina. If this neglect had occurred in the hands of registered practitioners, we should probably have had a verdict of manslaughter. As it is, we have a sharp rebuke of the unfortunate midwife, an entire letting off of all the unqualified hands in the case, and an impression produced that no law is broken by allowing the mother of seven children to die.

FARNHAM AGAIN.

THOSE unhappy Farnham guardians! Nothing will go right in their establishment, do what they will. For instance, there was Mary Pitt, a most commonplace pauper, with nothing whatever in her character or antecedents to warrant her in raising a disturbance. She had got paralysed somehow, in the ordinary vulgar fashion, and died at the uninteresting age of fifty-four. With a malignity, however, which even paupers seldom show after death, she determined to get the guardians into trouble. When the carpenter of the Farnham Union came into the deadhouse for the purpose of "screwing down" the body, he was (for some reason not accurately explained) unable to perceive that the coffin was empty, or he might have been led to search further, and might have discovered the ill-natured Mary Pitt deceased lurking under the "lid of the shell," or some other odd bit of board. In any case the actual result was that an empty coffin was carried to Aldershot churchyard, and was solemnly interred with all the rites of the Church. It was not till two or three days later that some one entering the Farnham deadhouse discovered Mary Pitt still in hiding!

MILITARY ADMINISTRATION OF ARMY MATTERS.

WE trust that the present Ministry will not be led into any spasmodic attempt at reduction, but that, whatever plan Mr. Cardwell has to propose, it will be a well-digested one. It is easy enough, of course, to curtail expenditure by running the pen through 10,000 men on paper, and thus to reduce the army to that extent. What we want, however, is to see the thing set about after a systematic and statesmanlike fashion. The Secretary for War may very well commence with those expensively-organised institutions known as our general hospitals. How the military governors can find employment for themselves is a mystery. The late Lord Herbert and his advisers were doubtless actuated by good intentions. They wanted a few general hospitals ready for time of war on the one hand, and, on the other, they trusted that these institutions might act as large training establishments for the education of their staff in the organisation and administration of hospitals and the medical treatment and nursing of military patients. Their design has not been fulfilled. The present administration of these places is both expensive and cumbersome. The medical staff could perfectly well direct the affairs of their own hospitals. What can be more ridiculous than the assumption that the late medical head at Netley—universally allowed to be an admirable administrative officer, who had served through

many campaigns, including the most successful on record, that of China, besides having aided the Federals with the advice derived from his varied experience, and who is at this moment the responsible medical head of the British forces in India—was unfit for the task of governing an hospital. It is surely absurd to subordinate an officer of this character to a military governor who, whatever his qualities, had neither the experience nor the administrative capacity of Dr. Muir. The system, however, still obtains. Dr. Beatson, after directing the medical affairs of a vast territory like India in a way which reflected the greatest credit on his department, goes to Netley, and there his experience and position are no longer available to administer the hospital of which he is medical head. No necessity exists for the military staff there. A military officer and paymaster could perfectly well fulfil all the requirements. We heartily wish some member would call the attention of the House of Commons, on its assembling, to this matter.

There is also another unnecessary institution, if we may so term him without offence. The question has been asked more than once, What can the Government want with a special medical adviser to the War Office, drawing a large salary, when they have a whole Army Medical Department, with a Director-General in London, at their disposal? If the War Office authorities can discover no one fit to advise them on sanitary and medical matters among the officers of the medical service, the sooner we cease to pay them, and abolish the department itself, the better. At least, such appears to us to be only a logical inference.

THE NEWCASTLE-UPON-TYNE INFIRMARY.

As we intimated last week, a storm has broken over this institution. The Duke of Northumberland and Earl Grey, the Lord-Lieutenant of the County, took upon themselves as Presidents to summon a special meeting of governors, with a view, upon the strength of certain information which had reached them, neither the particulars nor the source of which they would divulge, to pass a resolution appointing a committee "to inquire into the present state of the Infirmary, especially to ascertain whether it has been found practicable to carry into effect the recommendations of the Medical Board of April last; and if so, whether they have proved sufficient to provide for the comfort and the due care of the patients admitted into the institution; and to report on the best mode of effecting such further improvements in the establishment as may, on investigation, be found desirable." The House-Committee naturally construed such an unusual course into a reflection upon themselves and the medical staff. They intimated clearly that they should regard the resolution as a vote of censure. Mr. Burdon Sanderson, who joined the committee only last year, and entered it with the prejudices of the malcontents, vindicated the committee, and resented the resolution, moved though it was by Earl Grey. We cannot wonder that the House-Committee should refuse to be thus virtually condemned on the anonymous information of even Dukes and Earls; though we cannot but wonder, with Mr. Milvain, that so sensible a man as Earl Grey should move so serious a resolution on so slender a pretext. Dr. Charlton was the only member of the medical staff who spoke, and in reference to the letter of Dr. Gibb last year, which was the starting-point of this agitation, said that it was written entirely without the knowledge of the rest of the staff. He confessed that delay in regard to some changes recommended by the medical staff had been occasioned by delay in completing their (the medical staff's) report. The sympathy of the meeting was very decidedly with the House-Committee, so much so that Lord Grey withdrew his resolution in favour of an amendment to the effect that the meeting be adjourned three months, and that the committee should, in conjunction with the medical staff, issue a report before the annual meeting in April next.

We can scarcely imagine anything more disastrous to a great charity than agitation of this sort. The most close personal observation of the management of the hospital is competent to any governor. If the noble Presidents had from their own personal knowledge of the state of the Infirmary enforced the extraordinary course recommended by them they would have carried public opinion with them. As it was, they entirely failed in their object. We can only hope that the committee may be stimulated by the confidence of the public to renewed efforts to make this great hospital as perfect and as healthy as it is possible for great hospitals to be.

THE SOCIETY OF SURGERY OF PARIS.

THE annual solemn sitting of this Society took place a few days ago, there being a large attendance. The President opened the proceedings of the day by a short discourse, in which he referred to the present financial condition of the Society, which is every day becoming more prosperous. M. Léon Labbé, in an able report, established the scientific *bilan* of the preceding year, and rendered a just tribute of praise to the different memoirs which had been contributed to the Society. M. Ulysse Trélat then delivered an harangue upon Velpeau, which, coming so soon upon M. Béclard's recent eulogium on the same surgeon, had excited much curiosity and interest. M. Trélat's discourse was a free appreciation of Velpeau, and not an obligatory eulogium like M. Béclard's, and it thus afforded him a larger opportunity of examining the value of Velpeau's labours and accomplishments in an impartial manner.

MEDICAL OFFICERS' SALARIES IN MARYLEBONE.

A COMMITTEE of the Marylebone guardians have recommended that the salary of the medical officer of the Rectory district, Dr. Montague Thomas, be increased from £170 to £200 per annum. Upon the presentation of this report, Mr. Taverner moved an amendment that, the remuneration being insufficient in both the Rectory and Christchurch districts—viz., 10½*d.* per case in one, and 1*s.* 1*d.* in the other,—it be therefore resolved that the salary of the medical officer of the Rectory district be increased from £170 to £220 per annum, and the salary of the medical officer of the Christchurch district be increased from £200 to £220. The amendment was seconded by Carre Tucker, Esq., C.B., and supported by Sir J. J. Hamilton, and Mr. Boulnois. The amendment was lost by the casting vote of the chairman, and the original recommendation was also carried by his vote. It is to be hoped that the resolution will be rescinded at the next meeting. There are no two medical officers who are more severely worked, or do their duty more conscientiously, than Dr. Thomas and Mr. Benson Baker. Even with the proposed increase their salaries are wretchedly low. Experience has shown that it requires at least 1*s.* per case to provide drugs and dispenser; and it is evident there will be little or nothing left for the personal labour and high responsibility involved in the requirements of the post. We regret that the guardians of Marylebone should have resolved not to introduce the dispensary system, which would make the work much easier to the medical officers, and more satisfactory both to them and to the guardians. It was feared that a pauper dispensary would create an improper facility for obtaining medical advice gratuitously, and injure the existing dispensaries

supported by voluntary contributions. But this is scarcely likely, since the relieving officers would exercise the same check as they do now, whereas at most of the voluntary institutions in the district admission is practically free. At the same time, it may be doubted if the opportunity for obtaining gratuitous medical advice in Marylebone is not somewhat overdone, since it was stated that besides the 10,000 patients attended annually by the district medical officers of the parish, not less than 74,000 persons obtain assistance freely either at hospitals or dispensaries. If these were separate cases they would be half of the population. We believe that a well-regulated public dispensary, to which all deserving persons might be admitted, and from which all who ought to pay for medical advice were excluded, so far from increasing, would tend very much to the diminution of pauperism, the more so as one-sixth of out-door relief is given on account of sickness.

CABS FOR THE SICK.

THE question about special conveyances for patients suffering under infectious diseases has been placed under a new aspect by Dr. Barbour, the resident medical officer to the Fever Hospital, who writes to *The Times* to say that within the last month three patients have died in cabs on their way to the hospital. Practitioners well know, what is unfortunately not so well known to the public, that fatal syncope is frequently induced by raising a patient suffering from exhausting disease into an erect or semi-erect position; and that the action of so-called nurses who lift up the sick to "take something" is a frequent cause of immediate death. The fact stated by Dr. Barbour affords an additional reason why special vehicles should be provided, not only to afford safety against infection, but to make provision for recumbency. In the meanwhile, it is highly desirable that any medical man who sanctions the removal of a patient should give such instruction to the friends as may afford the greatest possible safety against this particular danger.

THE LICENCE OF THE FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.

AN important point in medical law has recently been decided in the Walsall County Court. In December last, Mr. Daniel Kerr, who is registered as a Licentiate of the Faculty of Physicians and Surgeons of Glasgow, brought an action against a person named Windsor to recover payment for medical and surgical attendance. At the trial it was urged, on the part of the defence, that Mr. Kerr was not legally entitled to recover for *medical* attendance, as his qualification on the Register was a purely surgical one. A verdict was, however, given for the plaintiff, but leave was given to move for a reduction on account of the point raised. The case consequently came before the Court again on the 23rd of January, and a copy of the charter of the Glasgow Faculty was produced in court by Mr. John Manley, of West Bromwich, who had visited Glasgow to inspect the charter. Several extracts from the charter, and the Act of 1850 amending the charter, were read in court, and judgment was finally given as follows:—"I am of opinion that by section 31st of the Medical Act a person registered is entitled to recover payment according to his qualification to practise medicine or surgery, or both. Plaintiff is registered as a Licentiate of the Faculty of Physicians and Surgeons at Glasgow. I find by their charter, and the Act by which it is confirmed, that they can only grant degrees in surgery, and they recognise this fact in their election to fellowships, which appear to consist of two orders, physicians and surgeons, whence their title of the Faculty of Physicians and Surgeons. Those only are eligible as Fellows in medicine who have been educated in other schools of medicine, whereas their own licentiates, as well as surgeons educated elsewhere, are eligible for their Fellowships in surgery. The plaintiff's qualification, as registered, is limited to the right to practise as a surgeon, he being registered as a licentiate."

Notice of appeal was given on the part of Mr. Kerr, who we may mention is one of the surgeons who have recently settled in Wednesbury, and accepted the sick clubs at the old rate of remuneration. On this account the trial has excited much interest in the district, apart from that caused by the importance of the question raised. If the trial be carried to a higher court, and the decision of the County Court judge be confirmed, the profession will owe a debt of gratitude to those who have acted in this matter, and settled a problem which has long called for solution.

THE QUEEN.

WE are glad to see that the hope which we expressed on a former occasion that Her Majesty would be able to assume a large portion of her ordinary public duties during the ensuing season proves to be well grounded. It is announced that the Queen will hold drawing-rooms and *levées*, as well as courts, during the forthcoming summer—a fact which in itself indicates that Her Majesty's health must have considerably improved.

VICE-REGAL MEDICAL APPOINTMENTS.

THE following appointments in the vice-regal household have just been gazetted. Physician-in-Ordinary, Dr. Nedley; Surgeon-in-Ordinary, Dr. Hatchell; Surgeon to the Household, Dr. Stannus Hughes; State-Dentist, Mr. L'Estrange; Dentist-in-Ordinary, Mr. Corbett. The first two appointments are, we learn, far from satisfactory to the profession in Dublin. The first of the fortunate gentlemen in question is, it is true, surgeon to the Dublin Police and Fire Brigade; but this is thought to be scarcely sufficient to warrant his advancement to a post which the leading physicians of Dublin might have coveted. The Surgeon-in-Ordinary also has never displayed anything but ordinary surgical skill hitherto—though this seems to be an imitation of a recent English model,—and yet is preferred to some of the most able surgeons which our kingdom possesses. Certainly the mode of making Court appointments is wonderful, and past finding out. Dr. Stannus Hughes and Mr. L'Estrange have long honourably filled the posts to which they are now confirmed; and Mr. Corbett's skill entitles him to vice-regal patronage. By the way, what is a "State-dentist"? and under what different circumstances would the Lord-Lieutenant have recourse to his "State" or his "ordinary" dental surgeon?

THE BIRMINGHAM BOARD OF GUARDIANS AND MEDICAL RELIEF TO THE POOR.

IN 1865–66 a Committee of the Birmingham Board of Guardians were appointed to take into consideration the subject of medical relief to the poor. The question came up in consequence of the vast increase in the amount of sickness in this particularly unhealthy town, the cases attended by the six district medical officers numbering from 100 to 200 a week. After taking evidence, &c., during a period of nine months, a report was made in favour of appointing two additional medical officers, making eight for a population of 220,000. We learn that the present board have appointed a committee to reconsider this question; and it is stated that their report will be in favour of reducing the number of medical officers again to six. Seeing

that each of them has, on an average, 80 to 100 cases weekly, and in sick seasons 150, we must, in the public interest, protest against this action of the Birmingham Board, and we earnestly call upon Mr. Goschen to put an absolute veto on this proceeding.

CRIMINAL LUNACY.

WE beg to direct attention to a circular issued by the Howard Association, and signed already by several distinguished alienist physicians, calling attention to the present notoriously anomalous state of the law as to the responsibility of persons of unsound mind convicted of crime. We recommend our readers to peruse this memorial carefully.

DIFFICULTIES OF SANITARY OFFICERS.

THE difficulties thrown in the way of sanitary officers have been well illustrated in St. George's, Southwark. A certain nuisance having been condemned, the medical officer thought it necessary to make an explanation to the vestry. He said the report of the jury was free from exaggeration, and expressed a strong desire that the landlords "should be compelled to abate the nuisance." It appears that this was easier said than done. Inspection had been made several months ago, and the necessary notices were issued. Promises were given by the owners, three brothers, that the works required should be done, not one of which, however, was fulfilled. Proceedings were then taken in the police-court, and an order was given by the magistrate to do the work within a specified time. To this no notice whatever was paid. The police-court was again appealed to, and, by a renewal of promises, the magistrate was induced to adjourn the case. The brothers appear to have had a very emphatic way of promising, sufficient, indeed, to remove all doubt, until experience taught the contrary. Still nothing was done. Besides, summonses had to be taken out for non-payment of costs, which were only obtained by a distress warrant. In the meantime the work was begun, but carried on in a most irregular manner. First one brother made excuses, then another—each pretending to be ignorant of what was required. The inspector, assisted by the police, had to point out again and again what was specifically demanded. Waterclosets and washhouses had to be pulled down and rebuilt, and the work is even yet very incomplete, although there have been seventeen attendances at the police-court, and months have elapsed since the notices were first served.

ST. THOMAS'S HOSPITAL.

THE liability of the governors to the Metropolitan Board of Works in respect of the site on which the new St. Thomas's Hospital is rising, was brought under discussion at the meeting of the Board last week, by a member who appeared to think there was some design in the delay to pay the £100,000 agreed upon as the price of the site. Both the solicitor to the Board and Mr. Tite, M.P., concurred in explaining that the payment of the money was contingent on the clearing-up of all questions of title, and that not a step could be taken without the sanction of the Court of Chancery. Mr. Tite said that the governors would only be too happy to settle the matter as soon as they could do so consistently with safety to the interests of the hospital. We fail to see what more could be expected of them.

THE question of site for the new Edinburgh Infirmary still remains undecided. A meeting of the contributors to the infirmary was held on Monday, but their Committee was unable to report on the question of site, not having been able to complete their inquiries. The architect, Mr. Bryce, has reported to the Managers. His report, though perhaps, on the whole, in favour of the present locality, is by no means decidedly so, and does not alter our opinion in favour of the more open and extensive and cheaper site of Watson's Hospital.

THE fiftieth anniversary dinner of the Hunterian Society will be held at the London Tavern, on Friday, Feb. 12th, at 6 P.M. Dr. Peacock will take the chair on the occasion.

THE following are candidates for the Midwifery Chair, Aberdeen: Dr. Charles Bell, Dr. Inglis, Dr. John Christie, of Aberdeen, Dr. Alexander Simpson, of Canonbury.

THE annual general meeting of the members of University College will be held on Wednesday, the 24th of February, at 3 P.M.

THE Tynemouth Guardians have refused, by a large majority, to consider an application made by Dr. Emmerson, one of their medical officers, for extra remuneration for attendance on sick paupers during the recent fever epidemic in North Shields.

THE cost of the sanitary organisation maintained by the Liverpool Corporation was stated at the last meeting of the Health Committee to have been £140,973 in 1864 and £283,038 in 1867. There can be little doubt, however, that the increased cost has been more than balanced by the improved health of the inhabitants.

AT the annual meeting of the trustees of the Liverpool Southern Hospital the Chairman intimated that a meeting would shortly be called to take into consideration the desirability of altering the law limiting the period during which medical officers were eligible for re-election to ten years, and extending the period to twenty years.

THE Poor-law Board has approved of the proposal of the Warwick guardians in reference to trained nurses and a central industrial training school, and has promised to give the guardians all the assistance in its power in carrying out the object in view.

THE jury at an inquest lately held in the city of Lincoln expressed their intention to memorialise the Corporation with the view of arranging for the remuneration of medical men who are called upon to devote much time and trouble to accidents and casualties of various kinds in cases where they have no one to look to for payment.

A BILL recently introduced into the Canadian Legislature for the purpose of extending the provisions of the Dominion Act—which gives the bodies of those who die in penitentiaries for anatomical purposes—to the case of hospitals and almshouses, was thrown out, and not allowed to go into committee. The Bill will, in all probability, be brought forward again at the next meeting of the House.

IT is announced that Mr. W. Blanchard Jerrold has been deputed by the President of the Poor-law Board to inquire into the organisation and administration of the pauper asylums of Europe. The appointment is a good one, so far as Mr. Jerrold is concerned. It is to be regretted, however, that some medical man conversant with Poor-law details was not associated as co-commissioner with Mr. Jerrold. The joint report would have been of special value.

THE OFFICERS' QUARTERS AT KNIGHTSBRIDGE.

IN the course of our barrack investigations, we have frequently observed the "how-not-to-do-it" method of dealing with sanitary defects. A remarkable example of this has just occurred at the Knightsbridge Cavalry Barracks. On the 9th inst. one of the officers awoke in the morning with a sense of great depression and violent headache, the cause of which was a most disgusting smell. His servant threw up the window and lighted a fire, when, instead of the nuisance being abated, it became worse and worse, until at length, after several nights of misery, he beat a retreat, and took possession of some vacant quarters in the attics. Meantime, the nuisance spread to other rooms. First one officer was driven out, and then another, and even the colonel himself was obliged to quit his quarters. The surgeon used his best endeavours to discover the cause of the effluvium. A few days previously a chimney had been on fire, and it was thought possible that something might still be smouldering therein. The sweep was sent for, but failed to discover anything which could account for the nuisance; and, as there was obviously a source of danger and a possibility of fever breaking out, an official report was made on the 12th, calling attention to the fact that five or six of the officers' rooms were pervaded by a foul effluvium, as if of decomposed animal matter, and begging that immediate steps might be taken to ascertain the cause, and effect its speedy removal. If this report had been signed by the youngest assistant-surgeon in the army it could scarcely have received less attention, but signed, as it was, by a gentleman of long and tried experience, one would have supposed that it would have commanded immediate respect. It probably went the usual round taken by such documents—viz., first to the Horse Guards; secondly, to the Quartermaster-General; thirdly, to the Engineers. At all events, the nuisance remained as bad as ever; and on the 20th another report was sent, which stated that a clerk of the works (only) had inspected the rooms, and a workman had taken up some boards and found nothing, leaving some chloride of lime beneath the floor, and the request was repeated that the cause might be sought for without delay, and effectual means taken for its immediate removal, the more necessary as scarlet fever was raging in the neighbourhood. This time the usual round appears to have been shortened by the assistance of the colonel, and it resulted in an order for a Sanitary Committee to assemble on the 27th, to consist of the officers who had been turned out of their rooms, and who had hitherto failed to discover the source of the nuisance from want of authority to incur the risk of doing damage. However, they were fortunately assisted by an engineer, who first suggested that the odour was of stale tobacco smoke; but as the officer whose rooms were first infected did not smoke, this fell through. Then it might be the size in the paper; but here again it happened that the worst room had not been papered for several years. 3rd. Was it not the age of the building? But no, that was impossible, as the nuisance was confined to one end. Lastly, it was resolved to adjourn the Board, in order to have some stones removed in the yard, where there is no smell. So, here at head-quarters, it has taken no less than fifteen days to commence a sanitary investigation, and during the whole of this time there is real danger of some serious results. We have rarely experienced a more sickening and disgusting odour. The probability is, that the whole building is occupied by rats, and that some score or so have been burned or smothered by the heat and smoke of the chimney when on fire. They have escaped to die under the floors and walls, and nothing short of a thorough investigation, starting from the chimney, is at all likely to reveal the cause. If a duke's son had been seized with fever, more would have been heard of it. The mischief is, that there is no such person as a really responsible sanitary officer in any barracks. The committee reports only things as they are and ought to be, without the least power either of spending money or originating what is necessary. The surgeon is little better than a nonentity, and a whole round of routine must be gone through before a board can be removed. At the present rate of progress it is difficult to state when the officers will be able to return to their quarters; and the only remedy we can suggest is, that they should invite the Secretary of State for War to pay a visit.

Correspondence.

"Audi alteram partem."

THE PRESIDENTSHIP OF THE MEDICAL COUNCIL.

To the Editor of THE LANCET.

SIR,—In THE LANCET of January 23rd, under the head of "Medical Annotations," I perceive an article entitled "Professor Syme and the Medical Council," and in which it is stated that you "believe Professor Syme will be proposed as the next President of the Council to succeed Dr. Burrows, whose term of office expires at the next general meeting." I should be glad to learn upon what authority you make this statement as regards myself. My term of office does not expire at the next general meeting, and I am under no obligation to resign my office. I certainly resigned my office of President into the hands of the Medical Council at the last general meeting, and they did me the honour to re-elect me, and, in returning thanks to that body for the great compliment they had paid me, I stated that whenever the majority of the Council had decided upon an eligible successor to myself, I should again be ready to retire from the president's chair. I altogether disapprove of the manner in which this important subject is being conducted, and wish the members of the General Medical Council and the profession generally to understand that, if I retire from the president's chair, it will be because I am satisfied that the General Medical Council are prepared to elect a new President.

I am, Sir, your obedient servant,
GEORGE BURROWS, M.D.

18, Cavendish-square, Jan. 25th, 1869.

*** Dr. BURROWS, in replying to the well-deserved vote of thanks which was unanimously accorded him at the last gathering of the General Medical Council, said, in regard to his re-election, "I cannot undertake the duties for a period of five years. There must be a clear understanding between us that I merely accept the office of President until such time as you amongst yourselves can find a successor whom you think suitable and worthy to occupy this chair." We naturally concluded that by next session the Council, out of deference to the strongly-expressed wish of Dr. Burrows, as well as for the obvious advantage of settling the question of his successor, would be ready to make an appointment at its next meeting. If Dr. Burrows's colleagues are casting about for another President, it is certainly from no wish to be rid of him.—ED. L.

To the Editor of THE LANCET.

SIR,—I observe in your pages that a movement is on foot to place Mr. Syme in the Medical Council as its president. Surely this must be done in ignorance of the views entertained by that gentleman as to medical education. A few years ago he stated, of microscopes, ophthalmoscopes, sphygmographs, galvanometers, and other recently-invented instruments, that he "regarded them as toys, the employment of which was not only useless but injurious to medical education, and that he would oppose any grant for rendering them available in teaching." Notwithstanding, the instruments were obtained, an assistant appointed, and a practical class of physiology established. It is true that

this department of instruction is much crippled for want of funds, but the British Medical Association and the British Association for the Advancement of Science recently made advances for the prosecution of some investigations in Edinburgh. Thereupon Mr. Syme moved, in our Senatus last session, that no experiment on living animals should be permitted in the University. On this occasion, with a view of influencing his auditory, this resolute surgeon stated that, having on one occasion heard a rabbit squeak in the hands of Brown-Séquard, he was so affected as to desire a complete suppression of physiological experiments on animals. But he is opposed to practical teaching not only in the science, but in the art of medicine also. Though a Professor of Clinical Surgery, he has, notwithstanding the remonstrance of the Medical Faculty, for some years ceased to visit the hospital wards with his students, and thus deprived them of the only practical method of learning their art by following the progress of cases, and of observing and interrogating them at the bedside. Only last session he succeeded in preventing the attendance of students being ascertained even in the medical wards, assuring the Senatus that bedside instruction was "*a miserable clap-trap and sham.*" This was no sudden or hasty idea. Six years ago he published an address in the Edinburgh newspapers, in which he says: "There could not, I think, be any procedure more shocking than propping up a poor creature suffering from disease of the lungs and hammering his chest for the recognition of diagnostic sounds, as an academic exercise."

Whatever impression may exist of Mr. Syme in London, in Edinburgh he must be regarded by all earnest investigators and teachers of medicine as one of the most determined and influential obstructors to its progress. This is much to be regretted, because there can be no doubt that his long standing in the profession, his reputation as a surgeon, his tact, ability, terseness, and, let me add, unscrupulousness in argument, give him very great influence in public assemblies. It is for these very reasons that, at this crisis in the history of medical education, his presence in the Medical Council is to be regarded with apprehension.

I have no personal feeling whatever in opposition to Mr. Syme. On the contrary, I shall always regard with gratitude the kindness and admirable practical instructions I received from him. It is no new thing, however, for men of advanced age to repudiate the means which led to their success in early life. The opinions and conduct of no man present such a contrast, in this respect, as those of Mr. Syme. It is this which has forced upon me the conviction, and obliges me to express, that, however anxious he himself and his friends may be to carry his views in the Medical Council, the true friends of medical education must regard his presence and influence there as most dangerous to the real interests of the profession.

I am, Sir, your obedient servant,

J. HUGHES BENNETT.

Glenfinlas-street, Edinburgh, Jan. 23rd, 1869.

DAMPNESS OF SOIL AND PHTHISIS.

To the Editor of THE LANCET.

SIR,—I much regret the non-insertion of my reply to Dr. Buchanan, for the publication of it I view as essentially needed to place the case fairly before the public. It is true that such reply travels over the old ground, but it is with more marked steps and corroborations of facts; and, at least, one new and very important feature appears, namely, that in Dr. Buchanan's letter a period is fixed as that when he first found some truth in my opinion about sanitary works lessening phthisis—that period, the beginning of 1866, proving to be identical with the date of his letter to me, wherein he did not deem it safe to connect our sanitary operations with our phthisis reduction. Such coincidence of date, and confliction of statement, are at present unexplained by Dr. Buchanan, and, I confess, are quite incomprehensible by me.

One comment I must make. Seeing that, by Dr. Buchanan's own showing, the effect of sanitary operations on phthisis had been urged by me on his attention, when that effect was made evident as the result of one particular sanitary work, "soil-drying," in any public report on the subject, surely it must have been worthy of a note, however short, that some suggestion had been made by me about Salisbury health works and phthisis; but no such note anywhere appears in the Blue-book, where phthisis is treated of, not even in the special report on Salisbury by Dr. Buchanan, although my name is here prominent as having furnished general information to him, and my pamphlet is quoted from although not referred to by title.

At present, this whole case to me is eminently unsatisfactory. The plain facts are—a Government inspector visits Salisbury; seeks information from me, unofficially employed, and being a voluntary pioneer and chronicler of practical sanitary reforms; cheerfully I give him my knowledge generally, and particularly of these phthisis facts, also my theory about moisture, carefully deduced, in explanation of these facts; a Government Report follows; a great phthisis discovery is announced, this being, in truth, merely a large extension of our Salisbury experience, but my name is not once alluded to in connexion with the subject; and now Dr. Buchanan states that my suggestions to him only referred to general and not to particular sanitary causes, and that my memory deceives me in saying otherwise. My reply is, emphatically, that my memory is quite clear, and I can even remember some minutiæ of the explanation to Dr. Buchanan as to moisture-removal lessening phthisis.

I am, Sir, your obedient servant,

A. B. MIDDLETON, M.R.C.S.Eng.

The Close, Salisbury, Jan. 20th, 1869.

*** As Mr. Middleton feels himself aggrieved by the non-insertion in last week's LANCET of a very long letter in which he merely reasserted all his old assertions, we have given him space for the publication of his present letter in order that we may once for all express our opinion, and put an end to the controversy so far as THE LANCET is concerned. Unwilling to run the least risk of doing injustice to a medical man of Mr. Middleton's merits, we have this week taken the trouble to read all the documents to which Mr. Middleton has referred in support of his claim to the discovery of the connexion between wet subsoil and phthisis. The effect upon our mind has been clear and decided. 1. It is quite evident that Mr. Middleton has performed sanitary services to Salisbury of no common kind; for it is to him, in by far the greatest part, that the carrying out of the operations by which the town's health has so wonderfully improved is due. 2. It is also quite true that he noted, among other interesting sanitary successes at Salisbury, the fact that phthisis had diminished; and that he called Dr. Buchanan's attention to that circumstance at a time when the latter gentleman was not prepared to admit the extensive conclusions which Mr. Middleton thought justified as to the connexion between sanitary works and the diminution of phthisis. 3. But it decidedly is not the case that any words in any one of the documents to which Mr. Middleton refers imply that he had any conception *that the nature of the subsoil as regards its tendencies to the retention of water was the especial circumstance connecting sanitary improvements with diminution of phthisis;* and we regret to say that Mr. Middleton, in the quotations which he gave (in his letter in THE LANCET of the 16th inst.) from his own pamphlet, somewhat unfairly altered the apparent meaning of his words by the omission of very important portions of the context. It is quite true that Mr. Middleton had a general impression (which was not novel) that dampness had something to do with phthisis; but it is plain that until Dr. Buchanan's laborious and scientifically-planned researches had brought out the truth, Mr. Middleton had merely thought in a general way of soil-dampness as one of a number of equally important sanitary defects which deep drainage has the power to remove, and the remedying of which seemed to have diminished phthisis *in one particular town.* Mr. Middleton has thought proper to attack, in a man-

ner calculated to create much scandal, a gentleman whose probity and fairness, as well as his services to public health, have given him a high place in medical science. We must express our opinion plainly, and that opinion is, that Mr. Middleton is a practitioner of more than average intelligence as regards sanitary matters, that he has effected great services to the health of his own town, and that he had the good fortune to suggest to a trained and practised observer and reasoner facts which in the hands of the latter have led to results that would never have been reached by their original observer. More praise than this Mr. Middleton will be unwise to claim, for more will certainly not be conceded by the scientific world.—ED. L.

THE INJECTION OF PERCHLORIDE OF IRON IN POST-PARTUM HÆMORRHAGE.

To the Editor of THE LANCET.

SIR,—As I am mainly responsible for the introduction of the use of perchloride of iron to arrest uterine hæmorrhage, I beg permission to answer the inquiry of "J. T." as to the mode of applying it. A very convenient preparation is the Liquor ferri perchloridi fortior of the British Pharmacopœia. Half a pint of this may be carried in the "obstetric bag," and when wanted it may be diluted to a quart by adding a pint and a half of water. This dilution should be put into a small deep basin. The syringe most convenient is Higginson's, fitted with a uterine tube about nine inches long. My syringe has a common mount, which is made to fit either the elastic dilators or the uterine tube. Care should be taken that air is not sucked up into the syringe. To avoid this, keep the entrance-tube of the syringe at the bottom of the fluid, and pump through back into the basin until the syringe is filled with the fluid. The apparatus being ready, pass the left hand into the uterus, clear away all placenta and clots, then slip up the uterine tube along the palm of the hand, so as to carry the end of the tube up to the fundus of the uterus; then compress the syringe gently and steadily, so that the fluid may trickle down over the whole inner surface of the uterus. The pumping may be repeated until the basin is *nearly* emptied—not quite, lest air be taken up. As the iron acts by coagulating the blood in the mouths of the vessels, and mere contact is enough for this, it is unnecessary to pump with any force.

The effect of this injection is to corrugate the inner surface of the uterus, and commonly some degree of muscular contraction follows. I have hardly ever known any more hæmorrhage to occur after one injection. Henceforth the patient is safe from further loss; and if not already too far exhausted by previous loss, there is nothing to prevent the patient's recovery.

I have practised this plan for several years, and in a great number of desperate cases, where kneading, compression, ergot, cold in every form, had failed, and I have seen no bad consequences from it. Practised with the precautions I have laid down, I believe it is in itself safe, and I am certain that not a few lives have been rescued by it from otherwise imminent death.

I have also used it in cases of excessive flooding attending abortion. But where the uterus is small, and the cervix not admitting more than the finger, I now prefer to apply the styptic on a swab, such as a common probang. I have a strong suspicion that in one case of early abortion, an injection made too forcibly by means of a caoutchouc bottle was the cause of a fatal catastrophe. The patient died almost suddenly soon after the injection, with symptoms resembling those consequent upon air entering the circulation.

This, the only accident I am acquainted with, suggests caution. But in a desperate emergency, like flooding, we must be prepared to encounter some risk, rather than suffer the patient to lose that last little stock of blood in which the life of the patient lingers.

I am, Sir, your obedient servant,

Finsbury-square, Jan. 1869. ROBERT BARNES.

THE POLITICS OF SCOTCH MEDICAL GRADUATES.

A VERY interesting analysis has been made of the votes of the Edinburgh and St. Andrews medical graduates in the late election of a member to represent the Universities in Parliament. As the figures must have interest for men of all sides, and may be of future use, we give them.

A.—*University of Edinburgh.*

	Swinton.	Playfair.	Neutral.
Medical men resident in London	57	110	19
Ditto, English provinces	268	344	60
Ditto, Ireland	91	56	16
Ditto, Scotland	174	291	45
	590	801	140

B.—*University of St. Andrews.*

	Swinton.	Playfair.	Neutral.
Medical men resident in London	66	74	22
Ditto, English provinces	211	225	24
Ditto, Ireland	20	13	2
Ditto, Scotland	29	59	4
	326	371	52

Summary.

	Edinburgh.	St. Andrews.
Medical men who voted for Swinton	590	326
Clergy, barristers, lawyers, and other professions	920	231
	1510	557
Medical men who voted for Playfair	801	371
Clergy, barristers, lawyers, and other professions	952	198
	1753	569

MEDICAL TRIAL.

COURT OF QUEEN'S BENCH, WESTMINSTER, JAN. 25TH.

(*Sittings in Banco, before the* LORD CHIEF JUSTICE, Mr. Justice MELLOR, *and* Mr. Justice HAYES.)

EX PARTE FREWEN, IN THE MATTER OF ONE JOHN PATTISON.

THIS was an application on the part of Mr. Charles Hay Frewen, of Oakham (at one time a member of Parliament, and at the last election a candidate) against Dr. John Pattison, lately of 26, Welbeck-street, Cavendish-square, for a criminal information on account of certain letters and publications by him directed against Mr. Frewen, and alleged to be libellous and tending to a breach of the peace. The matter, which was of a rather peculiar nature, had arisen thus:—From the affidavits it appeared that, in the latter part of the year 1866, Dr. Pattison was called in to attend Mrs. Frewen, who was suffering from cancer, and he attended her until the 9th of February, 1867, when she died. Dr. Pattison had already received the sum of 150 guineas for his attendance, but he claimed a further sum of 100 guineas, which was refused. In May, 1867, an action was commenced to recover that sum, as the balance of a claim of 250 guineas, but that action had not been prosecuted. Various letters, however, had been sent since by Dr. Pattison to Mr. Frewen, couched in terms extremely offensive, and casting upon him the reproach of shabby and disreputable conduct in disputing the demand made upon him. In one of these letters, moreover, in October, 1868, Dr. Pattison sent an account of the case of Mrs. Frewen, which he hinted that he intended to publish in a professional journal, entering into very painful details of the sufferings of the deceased lady. Mr. Frewen had, in the meantime, referred the doctor to his attorneys, and in order to free himself from the annoyance, he had returned the later letters

through the dead-letter office. Upon this the defendant had sent them open, so that anyone could read them, and in his last letter threatened that he should have the next written upon cardboard and sent to Mr. Frewen's club.

The Hon. GEORGE DENMAN, Q.C. (with him the Hon. Alfred Thesiger), on an affidavit of these statements, moved, on behalf of Mr. Frewen, for a rule for a criminal information against Dr. Pattison. The learned counsel said he had a difficulty in reading the statement of the case which the defendant had threatened to publish, entering as it did into all the painful details of that most painful disease under which the deceased lady had suffered. But there was, he submitted, amply enough in the expressions used by the defendant towards Mr. Frewen to justify this application. They imputed to him the most shabby conduct in disputing this demand, although Mr. Frewen had already intimated that he was ready to meet it in any proper way. The language used towards him by the defendant was of the most offensive character, and he had actually sent his later letters open, so that anyone could read them, and he threatened that the next would be written on cardboard and sent to Mr. Frewen's club.

The LORD CHIEF JUSTICE: You have stated quite enough, Mr. Denman, to entitle you to the rule.

Rule *nisi* for a criminal information against Dr. Pattison.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having passed their final examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 21st inst.:—

Bell, Alfred J., Preston, Lancashire.
*Davies, Augustus E., Burton-crescent.
Lardner, Frederick B., Gillingham, near Chatham.
Pollard, Frederick, Taunton, Somerset.
Todd, William J., Gloucester-road, Regent's-park.

* This gentleman passed his examination under the old regulations.

Of the fifty-six candidates who were examined on the 19th, 20th, and 21st inst., eight failed to satisfy the Court of Examiners, and were referred for six months' further professional study.

APOTHECARIES' HALL. — The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 21st inst.:—

Dean, William, Slaithwaite, Huddersfield.
Lloyd, Robert Hodgens, Gaisford-street, Kentish-town.
Mackay, William, Norton Malton, Yorkshire.
May, Bennett, Aston, near Birmingham.
Terry, William Frederick, Gower-street, W.C.

Assistants in Compounding and Dispensing Medicines:—

Smith, Frederick Warren, Camden-street, N.W.
Speakman, Isaac, Runcorn.
Thomas, John Rush, Upper St. Martin's-lane, W.C.

ROYAL COLLEGE OF SURGEONS, IRELAND.—Twenty candidates presented themselves for the primary examination (the first half) of this College, on the 12th and 13th instants, and all passed. On Monday, the 25th inst., the examination in operative surgery for candidates for the licence was held. Twenty gentlemen were examined.

THE Leeds Infirmary has just received a benefaction of £200 from Mrs. Beverley, of Headingley.

THE health of the city of Bath appears, from the report of Dr. Barter, the Medical Officer of Health, to have been in a very favourable condition during the last quarter. Zymotic diseases occasioned very few deaths, typhoid fever being the most fatal cause.

THE Mayor of Birmingham has informed Mr. S. Gamgee that "he has much pleasure in granting the free use of the Committee Room of the Town Hall, on Tuesday evenings, for the business of the Working Men's Fund Committee for the extension of the Queen's Hospital."

THE annual General Court of the Governors of the German Hospital, Dalston, was held on Monday last. The number of in-patients during the year 1868 was 1085, of whom 241 were cases of accidents, almost all of them being English; 144 cases had been refused for want of room. The out-patients at the Hospital Dispensary numbered 11,126; at the Eastern Dispensary, 3374; and at the Western Dispensary, 1800. The total number of in- and out-patients during the year 1868 was 17,374, besides 1771 dental cases.

THE Registrar-General, comparing the mortality of London and Liverpool during the last three weeks, shows that the proportion of deaths under five years of age was 40 per cent. in the former, and 39 per cent. in the latter. The ratios of deaths from zymotic diseases to total deaths was 20 per cent. in London, and 22 per cent. in Liverpool, the mortality from all causes being 25 per 1000 living in London, and 29 in Liverpool.

SOME forty inmates of the Medway Union Workhouse have petitioned to be sent to Canada, on the ground that they saw no prospect of improving their condition in this country. We shall be glad to hear that the request has been complied with.

BREACH OF THE MERCHANT SHIPPING ACT.—A conviction has lately been obtained at Hull under the Merchant Shipping Act, 1867, against the captain of a vessel for neglecting to provide a proper supply of lime- or lemon-juice for the use of his crew, the medicine-chest being also insufficiently provided with drugs and instruments. The vessel returned home with a scurvy-stricken crew, and the magistrate inflicted a penalty of £15 for the offence.

THE death of a patient under chloroform has lately occurred at the Leeds Infirmary, the case being one of operation for the removal of the left eyeball. A post-mortem examination showed that the heart was in a diseased condition, although no symptoms of such a state were ascertained before the chloroform was administered.

THE eminent sculptor, Mr. Adams-Acton, is at present executing a portrait bust, in marble, of Dr. Muspratt, to be placed in the New Pump-room at Harrogate, over the "Dr. Muspratt Chalybeate." The artist hopes to have the bust ready for exhibition at the Royal Academy in May next.

THE late Mr. E. Brande, whose property was sworn under £60,000, has left £300 in the Three per Cents. to the Lock Hospital, and £100 of the same stock to that valuable institution, the Society for the Relief of Widows and Orphans of Medical Men.

THE "Carmarthen Journal" states that in the Carmarthen district, out of 360 children born in 1867 no less than 50 per cent. remain unvaccinated at the present time; and that of seventy-five children born in the last September quarter only six have yet been vaccinated, either by the public officer or by private practitioners. The *Journal* rightly blames the Guardians for not enforcing the provisions of the Vaccination Act.

A MEETING of the Social Science Association will be held at the Hall of the Society of Arts on Thursday evening, the 4th of February, to continue the discussion of Pauperism, Charity, and Poor-laws. Members of the medical profession, and all persons interested in the question, are invited to attend.

BOMBAY MEDICAL RETIRING FUND.—Mr. Browne, to whom the affairs of the Bombay Medical Retiring Fund were referred, has reported them to be in a most favourable condition, and that all annuitants in Classes I. and II. may have their annuities raised from 1867 to £300. He further reports that in future one annuity of £160, one of £200, and one of £240 may be given off annually.—*United Service Gazette.*

"IN MEMORIAM."—The friends of the late Edward Scholfield, M.D. Edin., of Doncaster, who embrace every class of the community in which he lived his honoured and useful life, have determined upon a most happy way of using funds which have been raised for memorial purposes. They propose to found a convalescent fund, to be called "The Scholfield Convalescent Fund," to be under the management of a committee, and used at its discretion in sending convalescents discharged from the infirmary or the dispensary to convalescent hospitals, the seaside, or any other eligible locality. A more worthy way of commemorating the benevolence of a good doctor's life could not well be imagined. We hope the promoters will have both success and imitators. Already more than £1000 is subscribed.

Medical Appointments.

CARTER, F., L.R.C.P., has been elected Medical Officer to the Billericay Union Workhouse, and also to the same Union District of Mountnessing, in succession to his father, who has resigned the appointments, which he held for many years.

CHURCHILL, F., jun., F.K.Q.C.P.I., has been appointed Physician to the Institution for Diseases of Children, Pitt-street, Dublin, vice S. L. Hardy, M.D., deceased.

CLARK, R. O., M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the Farnham Union, Surrey, vice W. E. Powell, L.F.P. & S. Glas., resigned.

COOMBE, R. G., M.R.C.S.E., has been appointed House-Surgeon to the Metropolitan Free Hospital, Devonshire-square, Bishopsgate-street.

DYER, A., M.R.C.S.E., has been appointed Medical Officer for the Presteigne Union, Radnorshire, vice W. N. Thursfield, M.D., resigned.

EAMES, H., M.B., L.K.Q.C.P.I., Physician to Mercer's Hospital, has been appointed joint Lecturer on the Theory and Practice of Medicine at the Ledwich School of Anatomy, Medicine, and Surgery, Dublin, vice W. Moore, M.D., appointed Physician to Sir Patrick Dun's Hospital.

FLOYD, Dr., has been appointed Medical Officer, Public Vaccinator, and Registrar of Births &c., for the Lucan Dispensary District of the Celbridge Union, Co. Kildare, vice T. Purefoy, M.D., deceased.

GIBB, Dr. D., has been appointed Medical Officer to the Monkland Iron and Steel Company's Works near Airdrie, vice Robert Young, M.D., deceased.

MOORE, A. J., M.R.C.S.E., has been appointed Medical Officer for the St. Mary District of the Reading Union, Berks, vice F. Workman, M.R.C.S.E., resigned.

NELSON, G. D., M.D., M.R.C.S., L.S.A., has been appointed Surgeon and Agent to the Bridlington Quay Coast-guard Station and Ulrome Detachment.

SMITH, F. D., L.R.C.P.Ed., has been appointed Medical Officer to the Wandsworth and Clapham Union Workhouse, vice W. Connor, M.B., resigned.

PELLEW, E. B., L.R.C.P.Ed., M.R.C.S.E., has been appointed Certifying Factory Surgeon for the Haltwhistle District, and Public Vaccinator for the Western Division of the Haltwhistle Union.

WALLACE, R., L.R.C.P.Ed., has been appointed Medical Officer for District No. 7, and Public Vaccinator for District No. 5, of the Kingsbridge Union, Devonshire, vice J. G. Martyn, M.R.C.S.E., deceased.

WILSON, Mr. W. F. G., has been appointed Resident Dispenser and Assistant to the Western General Dispensary, Marylebone-road, vice T. B. Killingworth, L.S.A.L., resigned.

Births, Marriages, and Deaths.

BIRTHS.

BARBER.—On the 23rd inst. at Ulverston, the wife of Henry Barber, M.D., prematurely, of a daughter.

COSTIN.—On the 6th inst., at Market-Harborough, the wife of John Q. Costin, Surgeon, of a daughter.

EASBY.—On the 8th inst., at Darlington, the wife of Dr. Easby, of a son.

FISHER.—On the 19th inst., at Charlton, Kent, the wife of W. S. Fisher, M.B., R.N., of a daughter.

HUMFREY.—On the 19th inst., at Aldershot, the wife of Alex. Humfrey, Surgeon 98th Regiment, of a son.

M'MILLAN.—On the 23rd inst., at Pollock-street, Glasgow, the wife of Edward M'Millan, L.R.C.S.Ed., of a daughter.

ORANGE.—On the 16th inst., at Broadmoor, Wokingham, Berks, the wife of Wm. Orange, M.D., M.R.C.P., of a daughter.

RINGROSE.—On the 13th inst., at Wood-green, Middlesex, the wife of Basil Ringrose, M.R.C.S.E., of a son.

SERCOMBE.—On the 8th inst., at Brook-street, Grosvenor-square, the wife of Edwin Sercombe, M.R.C.S.E., of a son.

TURTON.—On the 9th inst., at Upper Parliament-street, Liverpool, the wife of J. Turton, L.R.C.P.Ed., of a son.

WATSON.—On the 16th inst., at Hounslow, the wife of G. H. Watson, M.R.C.S.E., of a son.

MARRIAGES.

BANNING—COOPER.—On the 14th inst., at Gateshead, R. J. Banning, M.D., of Gateshead, to Alice, daughter of the late W. Cooper, Esq.

JACKSON—CAUNTER.—On the 17th ult., at Allahabad, James Rawlinson Jackson, M.D., Indian Service, to Alice, daughter of H. Caunter, Esq.

NIELL—SPICER.—On the 26th inst., at Trinity Congregational Church, Croydon, John Niell, M.D., M.R.C.S.E., to Martha Wilson Spicer, youngest daughter of the late John Edward Spicer, Esq., of Clapham, and New Bridge-street.—No Cards.

DEATHS.

BATE.—On the 20th inst., H. F. Bate, M.D., of Clifton-terrace, Maida-vale, aged 33.

BETHAM.—On the 14th of Nov. 1868, at Sandhurst, Victoria, of malignant diphtheria, Mary Alice, second daughter of J. Betham, Esq., M.R.C.S., L.S.A., aged 6 years.

BLYTHE.—On the 13th inst., at Brompton-park, Wm. F. Blythe, M.D., aged 27.

BROWN.—On the 19th inst., on the passage from the Piræus to Malta, Allan Brown, M.D., Staff Surgeon "Prince Consort," aged 48.

BUTLER.—On the 21st inst., at Abbeyview, Monkstown, Co. Dublin, Dr. C. Butler.

DYCE.—On the 11th inst., R. Dyce, M.D., of Aberdeen, aged 70.

HARDEN.—On the 23rd inst., G. F. Harden, M.B., of Bolton, Lancashire, aged 29.

VENN.—On the 16th inst., H. Venn, M.R.C.S.E., of Windsor.

VINES.—On the 11th of Nov., on board the "St. Vincent," on the passage to Adelaide, Frederic C. Vines, M.R.C.S.E., son of C. Vines, F.R.C.S.E., of Reading, Berks, aged 28.

WEBSTER.—On the 23rd inst., Frederick T. Webster, Surgeon, of St. Albans, aged 57.

Medical Diary of the Week.

Monday, Feb. 1.

ST. MARK'S HOSPITAL.—Operations, 1½ P.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—2 P.M. General Monthly Meeting.
MEDICAL SOCIETY OF LONDON.—8 P.M. Mr. Spencer Watson, "On a Case of Sloughing Polypus of the Antrum."—Dr. Bateman (of Norwich), "On Aphasia."
ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—8 P.M. Mr. Sewill, "On Impressions of the Mouth."

Tuesday, Feb. 2.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Ope
GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Westmacott, "On Fine Art."
ANTHROPOLOGICAL SOCIETY OF LONDON.—8 P.M. Rev. J. C. Atkinson: "Cleveland Gravehills."—Mr. E. Peacock: "Barrows at Cleatham."—Dr. Charnock and Mr. A. L. Lewis: "Locmariaker."
PATHOLOGICAL SOCIETY OF LONDON.—8 P.M.

Wednesday, Feb. 3.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
OPHTHALMIC HOSPITAL, SOUTHWARK.—Operations, 2 P.M.
OBSTETRICAL SOCIETY OF LONDON.—7½ P.M. Council Meeting.—8 P.M. Dr. Braxton Hicks: "Remarks on the Cephalotribe."—Dr. Matthews Duncan, on the same subject.—Dr. Wynne, "On the Treatment of Ulceration of the Cervix Uteri."—And other papers.

Thursday, Feb. 4.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Dr. Foster: "Involuntary Movements of Animals."

Friday, Feb. 5.

ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—9 P.M. Mr. J. Fergusson, "On Tree and Serpent Worship."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

Saturday, Feb. 6.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ROYAL LONDON OPHTHALMIC HOSPITAL, MOORFIELDS.—Operations, 10½ A.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Prof. Odling, "On Hydrogen and its Analogues."

Notes, Short Comments, and Answers to Correspondents.

THE COSTS OF THE ABERGELE INQUEST.

THE question of the remuneration of the medical witnesses, the assessor, and others who assisted in the conduct of the Abergele inquest came up for discussion at the Quarter Sessions for the county of Denbigh at the beginning of the month. It seems that a sum of £10 had been offered in settlement of the claims of the three medical practitioners whose business it was to examine and report upon the thirty-three bodies destroyed by the accident; but this had been refused. One of the medical men had been five, the other three, and the other two days at the inquest. The justices declined to consider the matter beyond the offer already made, as they believed it was one with which they had nothing to do, but was a question entirely for the Coroner. The bill from the assessor amounted to £30, and it was decided that application should be made to the Home Office for payment; but that should an unfavourable reply be received, the expenses would be paid by the Court, so that they might not fall upon Dr. Pierce, the Coroner. There were some other items in dispute, the consideration of which was held over till further explanation was afforded. We cannot think that justice has been done either to Dr. Pierce or the medical men engaged in the inquest. The Coroner's hands are tied, of course, and we are quite sure that all professional claims would be fairly adjusted were it in his power to effect as much.

MILITIA SURGEONS.

Dr. Goodchild, Surgeon of 1st Warwick Militia, has forwarded us copies of a correspondence which has taken place between himself, the Militia, and the War Office authorities. The correspondence is too voluminous to be printed as a whole; but we may give its substance. Dr. Goodchild in November last brought to the notice of his commanding officer several facts with a view to some arrangement being made in regard to the due remuneration of the medical officer in charge of a militia regiment for extra duties entailed upon him by the examination of volunteers to the "Militia Reserve." Judging from what had been told him last year, Dr. Goodchild thought that the number of volunteers would be large, and, according to the instructions, they were to be examined in one day, and the medical officer was expected to undertake this duty without any remuneration, the reason given being that he was on full pay. Dr. Goodchild pointed out that militia surgeons are not on full pay, that they are not on the permanent staff, and that their private interests must suffer from the extra duties entailed upon them. He asked that the time for the medical examination might be extended from one to three days, and that the surgeons of militia might receive the same allowance (2*s.* 6*d.*) for examination of a volunteer as for that of a militia recruit. To this communication he was informed that Sir John Pakington could not, while the surgeon remained on full pay, grant any extra remuneration for the duties required of him in the examination of volunteers for the Militia Reserve. To this Dr. Goodchild replied that it was incorrect to say that the surgeon is on full pay; he is not on the staff, and has always been considered as a private practitioner. When the militia surgeons some four years ago made a united application to be placed on the staff and for lodging money, they were informed that they had no claim, being allowed to reside where they liked, and to enter on private practice. The pay during the training is apportioned according to the duties required, and is not raised to full pay. This view of the matter was adopted when the regiment was called upon for volunteers to the "line." Some were ordered to receive the usual allowance for their examination. Now they are asked to sacrifice time and attention during the forthcoming training to the examination of probably 200 men without fee or reward, to the detriment of their private interests. Mr. Secretary Cardwell acknowledged the receipt of the letter, and referred to the answer already communicated. Dr. Goodchild made a further appeal. He represented that full pay is 15*s.* per day; training pay is 11*s.* 4*d.* Full pay is allowed when recruiting with the adjutant for loss of time; 15*s.*, or a full day's pay, is allowed when surgeons are required to examine six or more recruits at head-quarters on any one day, and 15*s.* is their full pay when embodied. Now they are called upon to give their whole time and attention to examining a number of men, in addition to their other duties, to the detriment of their private interests, for 11*s.* 4*d.* per day, and are told that is full pay. What is to reimburse them for the pecuniary loss entailed upon them by the sacrifice of that time to the public which ought to be devoted to their private practice, and which they are told by the authorities they were entitled to when they refused their application to be placed on the permanent staff? This (says Dr. Goodchild) is a plain and true statement of the case of the militia surgeons, and they trust that where the performance of such extra and heavy duties is asked of them, they shall receive such remuneration as the case requires and deserves. In reply, Mr. Cardwell states that the pay received by Dr. Goodchild during training is the full rate assigned to officers of his rank by Act of Parliament, and that the Secretary of State has no power to grant any addition to it. He likewise adds that the surgeon, being on full pay of his militia rank during training, is liable to perform any services of a professional character affecting men already in the militia while they are out for training. Of course the Secretary of State has no power to alter the terms of an Act of Parliament; but it appears to us to be unjust in its operation on the medical officers of militia, and the sooner the Act is amended the better.

PROFESSIONAL ADVERTISING.

WE are sorry to see the work of an hospital surgeon on Syphilis and Local Contagious Disorders figure in the advertising columns of a daily contemporary by the side of Du Barry's Cure of Constipation and other equally wonderful books. This, we submit, is, in the language of the old pathologists, an *error loci*.

A Constant Reader and J.P.—Many thanks.

Dr. Joyce (Rolvenden) writes to correct an error that appeared in his letter published in our last impression. The amount of opium sold in his village and the immediate neighbourhood is believed to be, not 3 oz. merely, but 3 lbs.

HOSPITAL STATISTICS.

To the Editor of THE LANCET.

SIR,—On Monday evening last my attention was drawn to an important error contained in my pamphlet on "Pauperism, Charity, and Poor Laws," relative to the number of in-patients admitted to 22 metropolitan hospitals during the year 1867. It therein appeared that 431,115 patients had been so admitted; the actual number being, according to the authority from which I quoted, 43,115. The error, although clerical, ought to have been at once discovered.

In April last you gave the number of in-patients admitted to 14 metropolitan hospitals at 33,230, excluding the Fever Hospital, the *Dreadnought*, the German, the Great Northern, the Lock, the two Children's, and the Samaritan from your list. This would probably bring up the total to the number quoted.

Yours obediently,

January 27th, 1869. J. H. STALLARD, M.B.

SCARLATINA IN BETHNAL GREEN.

Dr. Sarvis, the medical officer of health for Bethnal Green, has kindly placed at our disposal the following statistics relative to the mortality from scarlatina in his district. The total deaths from that cause in 1868 were 97, as compared with 40 in 1867, 99 in 1866, 145 in 1865, and 138 in 1864. Of the 97 deaths occurring last year, 7 were of children in their first year of life, 17 in the second, 18 in the third, 14 in the fourth, 14 in the fifth; 21 happened between the ages of 5 and under 10, leaving 5 only for ages above 10. Nearly all the deaths occurred in the September (26) and December (56) quarters. The proportion of deaths from scarlatina to the population was 1 in 1919 in the Hackney-road, 1 in 1258 in the Green, 1 in 881 in the Church, and 1 in 1237 in the Town, sub-districts. The Workhouse, Consumption Hospital, and Lunatic Asylum are situated in the Green sub-district, and allowance must be made for the presence of these institutions in comparing the mortality in the four sub-divisions of the district. The heaviest scarlatinal mortality occurs, however, in sub-districts having no public institution within their limits.

Dr. Bedolfe.—Pressure on our space prevents us from giving insertion to the paper transmitted by our correspondent.

Mr. R. Grove.—No; the degree does not entitle the possessor to practise in England.

THE REFUSAL TO CERTIFY CAUSE OF DEATH.

To the Editor of THE LANCET.

SIR,—In your last impression I observe a reference to a death that has lately taken place here under my care. I had anticipated your suggestion that an explanation of the circumstances should be given. In the accompanying letter to the Editor of the *Shrewsbury Chronicle*, which you will oblige me by reproducing in the pages of THE LANCET, you will observe that I have therein used the very words "needlessly" and "vexatiously" that you have employed. My letter was written last week, though it did not appear in Friday's paper from want of space.

I am, Sir, your obedient servant,

Llandrinio, January 25th, 1869. W. K. BROCK.

[COPY.]

To the Editor of the Shrewsbury Chronicle.

SIR,—In your last week's paper is a statement relative to the death of a man called Bennett, from which, though substantially true, the inference naturally drawn is that the parish medical officer needlessly and vexatiously withheld the certificate of the cause of death. As the medical man alluded to, I deem it incumbent on me to explain my reasons for so acting. Richard Bennett was not a pauper; but came under my care as a club patient on, I think, the 11th December last, for what I will in common language describe as a swelled face. I saw him on the 17th or 18th at his home, and a week after at my own house. On the last occasion I directed him to present himself in another week for me to take him off his club. He did not appear, however, and I was about to inquire after him, when to my astonishment his father informed me he was dead, and he wanted a certificate of the cause. I inquired minutely into the circumstances, and was told he was so well the day before, he had expressed his intention of resuming his work next day; was left overnight sitting up before the fire, and discovered dead in bed at 4 A.M. next morning. I explained to the man I could not certify to what I did not know, as by no stretch of imagination could I trace any connexion between the death and the previous indisposition, and referred him to the policeman (but unfortunately of the wrong section), who directed him to apply to the Buttington officer. This, it seems, he did not do, but two days after went direct to the Coroner. He came to me again on the Friday, thinking that his having satisfied that gentleman that all was right would have enabled me to particularise the "natural cause," which, of course, I refused to do; and with the view of preventing any future question as to club burial-money, to which his family are now entitled if deceased has been a member two years, I gave him the following memorandum to show to the registrar, or whom else it might concern:—

"John Bennett, of Creggion, having applied to me for a certificate of the cause of death of his late son, Richard Bennett, I refuse to give one on the following grounds. That the deceased has been under my care as his club medical officer for a local ailment (not affecting his general health in any way) for about three weeks; but was so far recovered that he meant, as I learn, to resume work immediately. That his death was sudden, not to be traced in any way to his previous indisposition. That while under my professional care I did not observe any symptoms that would lead me to suppose he was suffering from heart or other disease that might suddenly terminate fatally, and that no certificate of the cause of death can be given without it be first ascertained by post-mortem examination.

"Llandrinio, January 8th, 1869." "W. K. BROCK.

A fruitless visit to the registrar was followed by a third equally vain application to me. He implored me to certify "something;" but to do so was out of my power, and I directed him to report the dilemma in which he found himself to the police officer of the Buttington district.

I claim to have acted throughout with only a due amount of caution, and not to have caused any unnecessary pain or annoyance to the survivors.

I am, Sir, yours, &c.,

Llandrinio, January 18th, 1869. W. K. BROCK.

MACCLESFIELD UNION.

Mr. C. Fryer requests us to explain that his resignation of the post of medical officer and public vaccinator to the Whaley, Loxal, and Macclesfield Union was occasioned by his inability to accede to the demands of the guardians in the matter of residence.

DIPSOMANIA.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me whether there be any *voluntary* retreat for dipsomaniacs in this country? The law is very properly jealous of personal confinement, and does not recognise dipsomania as insanity, so that I have declined in more than one instance to give a certificate of unsoundness of mind, though strongly urged by the friends of my patients (ladies, by the way) to do so.

Your obedient servant,

Lewisham, January 25th, 1869. C. WILSON STEEL.

A MODERN SOLON.

WE have been greatly astonished at the perusal of the report of a discussion which took place at the last meeting of the Town Council of Guildford, and with the manner in which a grave question affecting the public health was treated by some of those present. A certain number of houses, forty or thereabouts, at a place called Mill-Mead, are unsupplied with water of good quality, and the officer of health reported that some of the inhabitants obtained "their water from the river opposite an open sewer." It was proposed to lay down 210 yards of proper piping, at a cost of about £40, to remedy the evil. One would have thought that the wisdom of such a step would have been apparent to anyone. The only point of doubt perhaps was as to the liability of the owners of the property to provide the water-supply required. However, a certain wiseacre, Mr. Crooke, took upon himself to declare that the whole theory of the production of disease by the use of polluted water was unworthy of credit, and he arrived at this climax in an amusing manner. At first he remarked that the people "need not dip their pails close to the sewer. If they chose to do so it was their own fault." He then declared that "they had no right to go and lavish a lot of money without an adequate return; they might as well be asked to supply people with a doctor. He did not believe that the river water was so dangerous for consumption as some people thought, and his friend Mr. Lethbridge could tell them how healthy his bargemen were, who were so much on the water." Whereupon the gentleman appealed to declared that his men "never drink any of it." Discomfited on this point, Mr. Crooke seems to have lost control over his tongue; for he continued that "this water question was nothing else than frittering away money, and that there was not half the reason for it that they supposed." Now, we should like Mr. Crooke to be compelled to have the water which he uses (but perhaps he eschews that beverage) brought from a river opposite an open sewer. He cannot mean to aver that such water is harmless. Then does he hold that it is good enough for the poor? Would he use it himself? and, if not, does he feel easy in his conscience in attempting to prevent the removal of a potent and demonstrable cause of serious disease amongst his poorer brethren, the allowed presence of which has been so mischievous in his very town, and then turn round and declare that the evil is of their own seeking? Does he value human life so little that he calls the expenditure of a paltry sum of £40, to protect the lives and health of a whole street of inhabitants, "lavishing a lot of money without any adequate return"? Happily the good sense of the meeting prevailed, and Mr. Geach's motion, that the houses be supplied with water, and that the mains be laid on, was carried. Men like Mr. Crooke are deficient in many ways, but not in the power to obstruct the progress of sanitary work.

Mr. John Johnston.—Our correspondent should bring the remedy under the notice of some qualified practitioner or hospital surgeon, who would, no doubt, be ready to give advice on the point.

THE letters of *Dr. M'Cormick* and *F. M. P.* shall receive attention next week.

RIPON DISPENSARY.

To the Editor of THE LANCET.

SIR,—In your last week's number there appears a short paragraph relating to the report of a recent meeting of the subscribers to the Ripon Dispensary, where certain charges of neglect were brought against the surgeons of that institution. These accusations have been so fully met in the local papers, and the utter worthlessness of the statements of the complaining parties so vividly portrayed by other members of the staff, that I should have thought it needless to have replied to them had not my attention been drawn to your article.

I hold that where, as at Ripon, the number of patients on ordinary occasions is exceedingly limited, and the cases, generally speaking, trivial in character, the *personal attendance* of the surgeon at the dispensary is uncalled for, and cannot but prove an irksome tax on any medical man in active practice. I have made it a custom to see all such cases at my own house; and in the fourteen years during which I have acted as one of the surgeons of the dispensary, I can safely say that, out of the number of tickets issued for my day, not one has been unattended to.

The institution has hitherto been a source of much comfort to the destitute sick of this neighbourhood, and is still capable of affording them much relief; but if in future years its usefulness be diminished, the poor must look for an explanation, not to the medical officers, whose services are still, as they ever have been, at the call of the sick and needy, but to the "irony" of those ardent reformers whose sole claim to notoriety is founded on the uncertain basis of a guinea subscription.

I am, Sir, your obedient servant,

Ripon, January 27th, 1869. CHARLES HUSBAND.

*** We have great pleasure in giving insertion to the above letter. Dr. Husband entirely disposes of the charges of neglect which were attempted to be fastened upon the medical officers.

An Old Subscriber.—The means are the thorough disinfection of the excreta immediately after they are passed, so as to prevent sewer contamination; the removal of curtains and carpets; the washing of the room with disinfectants constantly; the keeping of open vessels with disinfectants about the room; and chiefly the inunction of oil from the fourth day of the disease, so as to prevent the dissemination of the desquamated epithelium. In a word, the plan recognises that the poison is contained in everything that comes from the patient, and aims at thorough disinfection.

Mr. Hallet.—The Act will not be allowed to interfere in any way with our correspondent.

Anxiety.—Consult any registered practitioner. There is no need to be in the least degree despondent.

Constant Reader.—Dr. Guy's "Principles of Forensic Medicine."

THE PLYMOUTH WORKHOUSE INFIRMARY.

A NEW infirmary has just been completed at the Plymouth Workhouse, and on the application of the contractor for the balance of his account, it was stated by one of the guardians, who is a practical builder: "First, that timber of a different quality and price to that named in the specification had been used; second, that a large portion of the bricks on the exterior of the building was much cheaper and inferior to those specified; third, that the shuteing and pipes were miserably deficient in two-thirds of what the plans showed; fourth, that about 380 perches of wall had been built in rubble instead of nobble masonry; fifth, that a large doorway had been knocked down by the contractor without being built up again; sixth, that two doors were so damaged as to be rendered useless; seventh, that about £9 worth of pavement had been taken away from the pavement yard; eighth, that the water-closets in the nursery yards had two pans only instead of four; ninth, that the rain-pipes were not connected with the drains; tenth, that the roofs were not water tight; eleventh, that no credit had been given for the old materials, as provided by the specifications; and twelfth, that the bill for extra work, especially for gas-fittings, was excessive, and that a large portion of the extra work had been done without proper authority." It is amusing to observe that a proposal was made to ask for the attendance of Mr. Langley, the new inspector of the district; but we are at a loss to know how his clerical or legal experience is likely to be available in such a case.

Mr. J. B. Paul (Bottisham) may obtain all the information he requires by a glance at the prospectus issued by Moule's Earth-Closet Company, Bedford-street, Covent-garden, W.C.

C. N. E.—We cannot give the numbers. A note to the Secretaries would elicit the required information.

J. C. L. should consult his own medical attendant, and pay him his fee.

FATAL MISADVENTURE WITH CARBOLIC ACID.

To the Editor of THE LANCET.

SIR,—I observed in your last issue a report of an accidental administration of carbolic acid in oil to an in-patient of this infirmary. The error, it is stated, was not discovered until several hours had elapsed, when the usual remedies were resorted to without avail. The main fact of the accident is correct; but a period of *ten minutes* only, and not "several hours," intervened between the occurrence and its discovery—a point of some importance as regards the credit of the officers and nurses of the institution. A very few cases of poisoning by this drug are, I believe, recorded. I venture to add a description of the symptoms, which will perhaps be of interest.

The patient, John W——, was a man sixty-four years of age, suffering from a recent compound fracture of the femur, which injury was being dressed on Professor Lister's antiseptic plan. On the evening of Friday, the 15th instant, the nurse (an experienced one), in hastening to attend to a newly-arrived accident, poured out an ounce of the oily solution of carbolic acid, equivalent to rather over a drachm of the pure acid, in mistake for a dose of medicine, and left the man to drink it. This he did slowly and by sips, apparently without noticing the peculiarity of taste and odour. The nurse returned in about ten minutes, saw the patient looking very ill, and, on taking up the medicine-glass, discovered the mistake. She immediately summoned me, and I on reaching the bedside found the man flushed, perspiring profusely, and making ineffectual attempts to vomit; his eyes were rolling wildly, and he was seemingly unable to comprehend what was going on, probably owing to fright; his mouth, tongue, and fauces were on examination found whitened by contact with the acid. A mustard emetic was ordered to be given instantly, while the stomach-pump was sent for. The remedy speedily acted, but did not completely evacuate the stomach. The pump was then used, and albumen was given to render insoluble any acid that might remain. A dose of castor oil was injected, and the patient was directed to be watched. In about an hour his mental equilibrium was restored; his skin was still hot and perspiring; face flushed; pupils strongly contracted; pulse rapid and soft; breathing somewhat laboured; voice harsh and raucous; deglutition difficult; thirst urgent, partially relieved by ice; violent and abortive retching occurred from time to time, and burning pain at the epigastrium, with tenderness on pressure, was complained of. A short time after, the bowels acted, and on two subsequent occasions; motions loose, but otherwise normal. From this time the aspect of the case gradually altered for the worse, notwithstanding the application of all the usual remedial measures, local and general. At midnight, five hours after the accident, symptoms of acute gastritis were manifest. Posture supine; knees drawn up; epigastric pain and tenderness increased, but not very urgent; efforts at vomiting still recurring; intestines flatulent; countenance expressive of abdominal pain; upper lip retracted; features occasionally distorted by convulsive twitchings; skin hot and dry; temperature at axilla 102·5° F.; extremities cold; respiration shallow and thoracic; pulse 140, small and hard; pupils still contracted; intelligence perfect. In this state he continued until about 3 A.M., when a temporary improvement took place; but this was shortly followed by a condition of collapse, with imperceptible pulse, and sunken cadaverous features; and at about 7 A.M., twelve hours after the administration of the poison, he died, apparently from sympathetic depression of the heart's action.

Remarks.—In this case, as little of the drug can have been absorbed, the natural history of carbolic-acid poisoning cannot well be educed; the symptoms all probably arising from the direct effect of the acid upon the parts with which it came in contact, reacting upon a constitution enfeebled by age and a previous severe accident. The pain was at no time complained of as very intense. An explanation of this may be found in the fact that the poor fellow appeared naturally to possess a singular immunity from the ordinary sense of physical suffering, as shown by the perfect equanimity, almost amounting to absolute insensibility, with which he bore the rather severe manipulation required in connexion with the compound fracture of his femur.

Unfortunately no post-mortem examination could be obtained.

I am, Sir, yours obediently,

WM. ANDERSON, House-Surgeon.

County Infirmary, Derby, Jan. 26th, 1869.

THE SALE AND STORAGE OF PETROLEUM.

A VERY salutary law will be in operation on and after Monday next as to the storing and keeping of petroleum and similar dangerous compounds. No petroleum is to be kept, save for private use, within fifty yards of a dwelling or store house without a special licence, and it is left to the local authorities to define the precautions necessary to be observed for the prevention of danger. These cannot be too stringent, after the horrible accidents that have recently occurred from the explosion of petroleum. The penalties for non-compliance with the statute are the forfeiture of the petroleum improperly kept, and the infliction of a fine not exceeding £20 for each day during which the law is disobeyed, and it is to be hoped that these will serve to make people more careful than heretofore. The magistrates are to try offenders. Inspectors of weights and measures are empowered to test petroleum, and to see that it does not give off inflammable vapour below 100° F. We should have been glad to see the standard somewhat higher. The new law specially provides for the ordinary sale of petroleum as sold in the shops for the purposes of illumination. It provides that—

> "No person shall sell or expose for sale or use within the United Kingdom any petroleum from and after the 1st of February, 1869, which gives off an inflammable vapour at a temperature of less than 100° of Fahrenheit's thermometer, unless the bottle or vessel containing such petroleum have attached thereto a label in legible characters, stating as follows:—'Great care must be taken in bringing any light near to the contents of this vessel, as they give off an inflammable vapour at a temperature of less than 100° of Fahrenheit's thermometer.' Any person acting in contravention of this section shall for each offence be subjected to a penalty not exceeding £5."

It remains to be seen whether the Act will be allowed to remain in abeyance, and only enforced spasmodically in times of public excitement by the horrors of explosions. If put into force vigorously and honestly, the measure is capable of diminishing in great measure the accidents which often arise from both ignorance of the nature, and wilful carelessness in the handling, of petroleum.

WE regret to hear that the Carmarthenshire Infirmary has not received anything like the same pecuniary benefit from "Infirmary Sunday" this year as it did twelve months ago, only seven congregations contributing on the last as compared with thirteen on the former occasion.

Dr. Murchison is thanked.

J. J.—Erichsen's Surgery; Gray's Anatomy.

THE MEDICAL CLUB.

To the Editor of THE LANCET.

SIR,—Will you allow me to inform the members of the Medical Club and the profession generally that it has been decided to hold a series of "house dinners" at the Club during the present season. The next dinner will take place on Wednesday, February 3rd, at 6.45 P.M., under the presidency of Sir Charles M'Grigor, Bart. The price of the dinners, exclusive of wine, has been fixed at five shillings.

Members may introduce two friends each; and, if intending to be present at the dinner, are requested to leave their names and those of their friends at the Club House, or to inform the Steward by letter at least two days previously.

I am, Sir, your obedient servant,

January 19th, 1869. LOBY MARSH, Hon. Sec.

WOLVERHAMPTON NURSING ASSOCIATION.

THE second annual meeting of this Association was held on Friday, the 22nd instant, at the Wolverhampton Town Hall, under the presidency of the Earl of Dartmouth. Speaking of the success which had attended the institution, and the fact that a similar one was about to be established in Birmingham, the noble Earl expressed his belief that the day of the nursing system immortalised by the name of "Gamp" was drawing to a close.

SPEAR *versus* DOIDGE.

THE following additional subscriptions have been received on behalf of the Defence Fund:—

Stamford Felce, M.D., Harrow-road, London ...	£0	10	6
Messrs. Robbins & Co., 372, Oxford-st., London.	1	1	0
Dr. Marshall, Clifton	0	5	0
Henry Greenway, Esq., Plymouth	3	3	0
H. Slade, Esq., R.N. (per THE LANCET)	1	1	0
R. T. Nichols, M.D., London	0	10	6
R. M. Watson, Esq., Stoke, Devonport	1	1	0
Dr. W. V. Luah, Weymouth	0	5	0
R. S. Jackson, Esq., Plymouth	0	10	6
G. Jackson, Esq., ditto	0	10	6
Mr. J. Jackman, Meadwell, Kelly	1	0	0
Rev. E. Rimell, Marystowe, Devon	1	1	0
Messrs. White & Dingley, Solicitors, Launceston	15	15	0
C. E. Langford, Esq., Plymouth	1	1	0
Dr. Brown, Preston, Lancashire	1	1	0

F. P. S.—The article 134, on Workhouse Regulations, is as follows:—

> "No pauper who may have been under medical care, or who may have been entered in the medical weekly return as sick or infirm, at any time in the course of the seven days next preceding the punishment, or who may be reasonably supposed to be under twelve or above sixty years of age, or who may be pronounced by the medical officer to be pregnant, or who may be suckling a child, shall be punished by alteration of diet, or by confinement, unless the medical officer shall have previously certified in writing that no injury to the health of such pauper is reasonably to be apprehended from the proposed punishment; and any modification diminishing such punishment which the medical officer may suggest shall be adopted by the master."

DR. HENRY ROBERTSON, public vaccinator at Bristol, has written a letter to the *Daily Post*, calling the attention of the public to the great necessity for extending the benefits of vaccination to the very large number of children in that city still unprotected.

LOCAL PUFFERY.

VIRTUE is its own reward, and success in surgical operations ought to satisfy the most vainglorious performer. Such, however, is not the opinion of the *Lincoln Gazette*, which devotes a paragraph to a local surgeon, who, it seems, excised a tumour from an artisan's shoulder without chloroform, and without untoward results. We are unwilling to believe that the operator himself either wrote or suggested the paragraph, or indeed that any practitioner would follow the advertising devices of Professors Morison and Holloway. We trust that the next number of the *Lincoln Gazette* will contain Mr. Glasier's disavowal of any complicity in a probably well-meant but eminently unprofessional act of puffery.

Mr. C. F. Housman.—The Colonial Secretary at Jamaica. Our correspondent should be on his guard against exaggerated representations.

CONCEPTION.

To the Editor of THE LANCET.

SIR,—I should be glad to have the opinion of the profession on the following case (details vouched for):—

Mrs. A——, mother of ten children, aged forty-two, had very severe menstrual flooding, commencing on the 17th of April, lasting a week, which was almost thought to be a miscarriage. No meeting took place between her and her husband until the 1st of May. On the 23rd of January following she gave birth to a full-developed child. Query—At what period did conception take place? Her previous child was born fifteen months before this one; she was suckling him up to May 23th, when he refused the breast, and he was finally weaned on May 31st.

The same lady, while pregnant about ten years ago (five months advanced) was frightened through some accident, and a sudden flow of liquor amnii ensued; this continued almost *constantly* for three months, when she gave birth to a weakly female infant, of small size, which lived eighteen months. Her other children have been all born fully developed. She has commonly conceived during lactation, and has been subject then and during *early* pregnancy to copious menstrual discharges.

Yours truly,

January, 1869. M.D.

"PRECOCIOUS DEPRAVITY."

IN reference to the case alluded to in our impression of the 23rd instant, we are informed by a legal correspondent that the seduction of a child over the age of twelve years is not a criminal offence. Under the age of ten it is a felony; between ten and twelve it is a misdemeanour, but beyond the last-named age it is not a *criminal* offence. Such we are told is the English law on the subject. Whether such law has fair claims to be deemed "the perfection of human reason" may be open to grave doubts.

THE POOR-LAW MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—Will you kindly give me space in your journal to back up Dr. Woodward's appeal to the London doctors of all ages and dimensions (as well those *in esse* as in *posse*), which appeared in your last impression? It is very important that all who can should attend the annual meeting of the Poor-Law Medical Officers' Association, which will take place on Friday evening, the 29th instant, at the Freemasons' Tavern. The town members should be there to represent as well the general and provincial interests as their own, and I do hope there will also be present a good sprinkling of country members.

I am, Sir, yours truly,

Amersham, January 26th, 1869. WILLIAM PROWSE.

COMMUNICATIONS, LETTERS, &c., have been received from—Sir H. Thompson; Dr. Brown-Séquard; Dr. Hughes Bennett, Edinburgh; Dr. Murchison; Baron Haussmann, Paris; Dr. Barnes; Mr. F. J. Gant; Dr. Althaus; Dr. Letheby; Dr. Munro, Tarbolton; Mr. Davies, Hereford; Mr. Hughes; Mr. Williams; Mr. Johnson; Mr. Jones, Llansantffraid; Mr. Watson, Hounslow; Mr. Haynes, Sherborne; Mr. Howard; Mr. Gregory, Cheltenham; Mr. Seaton, Buckingham; Mr. Macnamara; Dr. Nuttall, Bury; Mr. Lubbock; Mr. Paterson; Mr. Fowler; Dr. T. Joyce; Mr. Hensman; Dr. Barber, Ulverstone; Mr. Sewell; Mr. Moore; Mr. Kennerley, Whitehaven; Mr. Manley, West Bromwich; Mr. Senior; Mr. Reid, Geelong; Mr. Trenchard; Mr. J. Costin, Market Harborough; Mr. Furnell, Leeds; Dr. Arnison, Newcastle; Mr. Skey, Reading; Mr. T. F. Sanger, Seaford; Mr. Jackson, High Wycombe; Dr. Hudson, Shepton Mallet; Dr. Miles, Gillingham; Dr. Watson; Mr. C. J. Fox; Mr. Clarke; Mr. Twyers; Dr. M'Donnell; Dr. Turner, Keith; Mr. Morgan; Dr. Denton, Hornsea; Rev. E. Bartrum; Dr. Donovan, Doncaster; Mr. M'Donald, Haswell; Dr. Wilson; Mr. Jonas; Mr. Barclay; Mr. Hyde, Holbeach; Mr. Evans; Mr. W. Anderson, Derby; Dr. F. D. Smith, Battersea; Mr. Laybourn; Mr. Johnston, Dublin; Mr. Hilton, Skelmersdale; Mr. Husband, Ripon; Dr. Orange, Broadmoor; Dr. Russell, Glasgow; Messrs. Brown & Polson; Mr. Bradford, Marksbury; Mr. Simpson, Stone; Mr. Platt, Pont Blyddyn; Dr. Wadd; Mr. Rendell, Dublin; Mr. Simpson, Southampton; Dr. Steel, Lewisham; Dr. Pellew, Haltwhistle; Mr. Bullock; Dr. Costa, Tredegar; Dr. Fryer, Manchester; Mr. Middleton, Salisbury; Mr. Paul, Bottisham; Mr. M'Millan, Glasgow; Mr. Currie; Mr. Brock, Llandrinio; Mr. Grover; Dr. Roberts; Mr. W. Stevens; Mr. Jones, Liverpool; Mr. Giles, Hereford; Mr. Gifford, Launceston; Dr. Prowse, Amersham; Mr. Welch; Mr. Shaw; Dr. Nelson, Bridlington; Mr. Thompson, Bristol; Dr. Phillips; Mr. Toyne; Mr. Edwin Dean; Mr. Cooke, Pontypridd; Mr. Barker; Dr. M'Cormick; Rev. J. Botham, Ipswich; Royal Institution; J. J.; C. C. P.; D. C. L.; Anxiety; Medicus; C. W. E.; L. M.; F. M. P.; &c. &c.

Aris's Birmingham Gazette, Gateshead Observer, New York Medical Journal, Liverpool Albion, Surrey Advertiser, Chester Courant, Chemical News, Revue des Cours Scientifiques, Lincolnshire Chronicle, Brighton Gazette, Provincial Medical Journal (Halifax, N.S.), *Edinburgh Daily Review, Lincoln Gazette, Barnsley Chronicle, Carmarthen Journal, Bucks Herald, Birmingham Daily Post, Lloyd's Weekly Newspaper, Nottingham Journal,* and *Leeds Mercury* have been received.